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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

WORM-LIKE BODIES FROM THE HUMAN THROAT AND MOUTH.

BY CHARLES E. FAIRMAN, A. M., M. D.,
Of Lyndonville, N. Y.

February 6, 1883, Mrs. J. G. consulted me for various aches and pains, which, she thought, resulted from some grave internal troubles, but which seemed to me purely imaginary. Among many symptoms narrated, she said that at different times she had taken "worms" from her mouth and throat, which were hair-like in form, transparent, long, and a source of great annoyance. She was, apparently, anxious to ascertain their nature. I thought at once of *MERMIS ACUMINATA*, and asked her if she had eaten freely of apples of late and was informed that "she never ate apples." I therefore requested her to save some of the worms, bring them to me, and I would examine them microscopically and report.

February 12, 1883, Mr. G. brought one of the worms, nicely wrapped in thin paper, to my office. Upon examination, I found it to be a *cotton fibre*. The microscope showed adherent starch grains, oil globules, muscular fibres, and general salivary debris.

I immediately told Mr. G. that his wife was mistaken, or feigning her sickness; that the "worm" was a fibre from a cotton handkerchief (or similar fabric) which she had put in her mouth after dinner, accidentally or otherwise, and that she had eaten "meat and potatoes" for dinner.

Some time subsequently the husband admitted the substantial truth of my hypothe-

sis. I expected to hear no more from the case. But I was mistaken. On July 12, 1884, Mr. G. came to my office and said that his wife *had passed*, by the bowels, a *strange animal*, and that it *did* have hairs all over its body. She desired me to bring my microscope to their residence so that she also could see the "animal." I accordingly made the visit, and found that the animal which passed the bowels was the larva of a blow-fly. The maggot was still alive. I took the specimen and, after preparatory treatment, mounted it in Canada balsam, and still retain it. If the reader will refer to the fourth edition of Beale's "Microscope in Medicine," plate XLIII., fig. 1, an exact representation of my specimen will be found. One will see, also, the appendages which Mrs. G. took for the hair-like worms. After this failure to convince me, Mrs. G. gave up the idea of "worms." Old ladies are wont to say, "You doctors, I know, don't believe in worms."

The practical lesson which may be drawn from the above is that the physician should familiarize himself with the microscopic appearance of common food materials, fibres of textile fabrics, common insects, etc. When he has so familiarized himself, he will be armed against deception in many instances.

MERMIS ACUMINATA RUDOLPHI, to which I have referred, is a thread-like worm, a parasite of the larva of *Carpocapsa Pomonella* (a fruit moth of the apple). In the proceedings of the Academy of Natural Sciences, Philadelphia, for February, 1875, Dr. Leidy remarked that "twenty-five years ago (*Proc.* 1850, p. 117), he had described a worm belonging to the collection of the Academy, and labeled as having been obtained from a child's mouth, which was evidently the same species.

It having been in a child's mouth is probably to be explained by supposing that the child had eaten an affected apple. It was described as *filaria hominis oris*. Body white, opaque, linear, thread-like, mouth round, simple, posterior, extremity obtuse, furnished with a short curved epidermal hooklet $\frac{1}{100}$ inch in length by $\frac{2}{1000}$ inch in diameter at base. Length five inches, seven lines; greatest breadth $\frac{1}{8}$ inch; breadth at mouth $\frac{1}{30}$ inch; at posterior extremity $\frac{1}{60}$ inch.

Mermis is a genus allied to *Gordius*, the "hair-snake," which may be often seen in pools of water. It belongs to the NEMATODEA or "Thread worms," of which order *Ascaris*, *Oxyuris*, and *Tricocephalus* are well known to physicians. Huxley classes it with the group HOLOMYARIA, which he says includes several aberrant forms. "Thus *Tricocephalus* has no anus; *Mermis* has no anus, and the alimentary canal is rudimentary, though it possesses the lateral areas, and the males have spicula. *Gordius* has no lateral areas."

Mermis has been found quite a number of times in apples, and has always excited no little alarm in those unfamiliar with its history.

According to Ransom, there can be no doubt that *ascaris lumbricoides* spontaneously wanders toward the external apertures, and may escape from the mouth or nose. According to Huxley, *Ascaris nigrovenosa* is parasitic in the lungs of frogs and toads; and that *CUCULLANUS ELEGANS*, in its sexual condition, inhabits certain fresh water fishes, such as perch, etc.

I have alluded to the two last Nematoidia for the following reason: It will do no harm to the general practitioner to acquaint himself with the entozoa of common animals, as well as human entozoa. They are often consulted with reference to parasites found in various food articles. Thus the farmer asks you for information on *anguilla scandens*, a nematoid which infects his wheat. In dissecting a cat for histological purposes it may happen, as it has to the author, to meet with *ascaris mysopox* (Zeder), the common round worm of the cat.

In 1885 some fishermen in my locality were peddling fish called "siscoes," taken from Lake Ontario. One day some person found a worm in a siscoe, and straightway terrible tales of trichina-like forms in those siscoes were started. Some of the fish were handed me for examination, but being unable to tell the genus, I sent specimens to Dr. Leidy, of Philadelphia, for name. He wrote me as follows, under date of March 8, 1886:

"The two letters of January 20th and

30th, and the bottle with the specimens of the parasites of the siscoe, were duly received. The worms are a species of 'thorn head,' *echinorrhyncus*, but I am uncertain whether it is a described form. To determine the question, the worm should be examined living or fresh, so as to ascertain color and other characters."

Those who are interested in following up the subject are referred to the following bibliography on mermis:

(1) Leidy, loc. cit.; (2) Gardener's Monthly, N. Y., May, 1872; (3) Riley's Fifth Report of the Insects of Missouri, page 49.

J. A. Lintner in (4) 30th Report N. Y. State Museum, pp. 116-127.

Dr. Packard's "Report on the Rocky Mountain Locust," in (5) Hayden's Geol. and Geograph. Survey of Colorado, 1875, pp. 663-667.

(6) Huxley, Anatomy of Invertebrate Animals, page 545 *et seq.*

Monographie des Dragonneux (Genre Gordies Dujardin) par (7) A. Villot (in) Archives de Zoologie Experimentale et Generale, tome 3, Nos. 1, 2, 1874. Paris.

On *Echinorrhyncus* (8) Huxley, Anat. Invert. Animals, page 553 *et seq.*

MEDICO-LEGAL NOTES.

BY HENRY A. RILEY, ESQ.,

Of New York.

CAPITAL PUNISHMENT IN NEW YORK.

The commission appointed by the Legislature of New York at the session of 1886 to consider the question of capital punishment will soon make its report, and it will be awaited with some interest, especially in view of the effort made by some sentimentalists to induce Governor Hill to commute the death sentence of Mrs. Druse. The murder of Mr. Druse by his wife was one of the most fiendish crimes committed in recent years, the wife literally chopping her husband to pieces and forcing her children to aid her in disposing of the remains. It is thought by some that no woman should ever be hanged for murder, and but two have ever been put to death in this manner in the history of the State of New York, but there is no valid reason why an exception should be made in the case of women so long as the statute makes no difference between the sexes. If an exception were ever to be made, this case seems the most inappropriate to take advantage of, by reason of the very enormity and barbarity of the crime. Governor Hill

has not yielded to the clamor in favor of the commutation of punishment to life imprisonment, but has reprimed Mrs. Druse so that the Legislature will have an opportunity to consider the question and abolish capital punishment in the case of all women if it desires to. There is likely to be quite a discussion of the question when the Legislature meets.

MEDICAL EXPERT TESTIMONY.

An interesting point in medical expert testimony was recently decided in the Supreme Court of Wisconsin, and we will give the opinion of the court in full: "The deficiency in the nervous system of a child, with which a woman who was wrongfully imprisoned was quick at the time she was arrested, is not a proper element of damages in an action by the woman for malicious prosecution; and testimony of a physician who attended the woman while in jail, and assisted at the delivery, but who had not seen the child for more than a year thereafter, is not competent to show that the neurasthenic condition of the child at that time was due to the nervous shock inflicted upon the mother by the arrest and imprisonment. At the time plaintiff was confined in prison she was with child, and was delivered thereof in the following December. Dr. Robinson attended her in prison, and officiated at the birth of her child. He testified that he found her in prison, suffering nervous prostration, followed by indigestion and debility, and the drift of his testimony is that in his opinion such condition was produced by the nervous shock caused by her arrest and incarceration, and still continues to some extent; and that while she may recover, he does not look for a speedy recovery. He also testified that a pregnant woman in that condition would be liable to give birth to a monstrosity or a deficiency; also that the plaintiff's child when born was perfect so far as he then knew; but that at the time of the trial nearly two years later it was defective in the brain, spinal cord, and nervous system. Dr. Robinson went to Europe in April, 1884, and about four months after the birth of the child, and did not return to Wisconsin until May, 1885. It does not appear that he knew or suspected the child was deficient until after his return. He was permitted to testify, against the objection of defendant, as to the nervous prostrate condition in which he found the plaintiff in July, 1883. Dr. Robinson was a competent witness to the condition of the plaintiff when he saw her in jail and afterward. He was competent also to give his opinion as an expert as to the nature and probable future effects of her con-

dition upon herself and perhaps upon her unborn child. But in view of the fact that it is a common knowledge that there are numerous causes for physical, mental, or nervous deficiency in children; that healthy women do sometimes give birth to deficient children; that nervous or otherwise unhealthy women often bear healthy children; and that Dr. Robinson detected no defect in the plaintiff's child until it was nearly a year and a half old, we think the authorized limits of expert testimony were greatly exceeded when he was allowed to give his opinion that the deficiency in the plaintiff's child was caused by the nervous prostration of the plaintiff during her pregnancy. The testimony should have been excluded. This testimony may have been and probably was prejudicial to the defendant."

PROHIBITION IN KANSAS.

The Attorney General of Kansas, in his report to the Governor of the State, makes some statements and recommendations which will be of interest to the druggists of that State. Since the prohibitory liquor law went into operation in Kansas, a considerable part of the trade of the saloons has gone to the drug stores, which were excepted by the statute from the ordinary penalties of liquor selling. It has been claimed that many of the drug stores were little else than saloons, and an effort has been made to curtail the rights of sale now held by them. The Attorney General sides with those who would force the apothecaries to keep to their legitimate calling, and suggests an amendment which, "in addition to the affidavit now made by the druggist that the statements filed by him each month represent all the liquor sold by him, requires him to state, under oath, that the persons applying for the same were persons known to him, were identified, and that the liquors sold were desired for legitimate purposes, and that in addition thereto the applicant sign his own name and not a fictitious one to the statement."

THE LIABILITY OF WIDOWS.

The Probate Court of St. Louis has recently been considering the question whether a merchant who sold goods for mourning apparel to a widow to enable her to attend her husband's funeral had a claim against her or the estate of the husband. The administrator of the estate, which was insolvent, claimed that the purchase was a personal matter. The judge took a contrary view, however, and held as follows: "So far as the articles furnished were necessary to enable the widow to appear in decent costume

at the obsequies to pay the last tribute demanded by the solemn occasion of putting to rest the remains of a departed husband, they seem clearly to constitute 'reasonable funeral expenses' which the statute directs to be allowed against the estate whether it be solvent or otherwise. In the case under consideration the evidence shows that the goods were reasonable and suitable to the occasion, and that the widow could not have appeared at the funeral without them, without disregarding public custom and offending public sentiment."

WHO MUST PAY THE NURSE.

The Supreme Court of Iowa has just decided that where an employee of a railroad company was injured by an accident, for which the company was responsible, it will not be liable for services and meals furnished nurses and others in attendance by the physician's orders, unless he was expressly authorized to make a contract for them.

ON PRIMARY LATERAL SCLEROSIS.

BY PROFESSOR A. VULPIAN.

Dean of the Faculty of Medicine, Paris, France.

Does the affection named "spasmodic spinal paralysis," by Erb, "spasmodic tabes dorsalis," by Charcot, really exist with all the attributes of a distinct disease? To be able to respond affirmatively to this question, one would have to show that the aggregate of morbid phenomena grouped under such particular denomination is the symptomatic expression of a constant pathological process, uniform, or nearly so, always undergoing evolution in a definite part of the constituent elements of the spinal cord. In other words, there must in every case be the same medullary lesion, with identical and pretty nearly invariable localization.

Now the cases recorded of this disease are thus far very few, and what shows that the diagnosis is not always easy, is that in one of the observations recently taken from reports of Charcot's cases, and given in Beton's thesis as a typical case of spasmodic dorsal tabes, the microscopic examination revealed the existence of disseminated sclerosis.

In a case recorded by Madder, under the name of spastic spinal paralysis, the post-mortem disclosed softening of the dorsal region of the cord; there was no sclerosis.

Naturally, then, various authorities have expressed doubts as to the legitimacy of the nosological creation of Erb and Charcot. Leyden, among others, has endeavored to show that the symptomatic aggregate of

spastic spinal paralysis has nothing which is characteristic, and that all these symptoms may be observed in a certain number of cases of varied affections of the cord, when the lesion is seated in the dorsal region of this nervous centre. Among the affections in the course of which he claims to have noted this train of symptoms, he cites traumatic myelitis, myelitis by compression, spinal paralysis consecutive to acute diseases, syphilitic paralysis, and peri-myelitis.

R. Schulz alleges that one may observe all the symptoms of this affection in cases where the disease is not primary but secondary. He reports two cases in which he observed the characteristic symptoms of spasmodic spinal paralysis; progressive paresis of the extremities, rigid muscular contractions, sensibility intact, a normal state of the genital and urinary functions, augmentation of the tendinous reflexes. In the one case, there was sclerosis of the lateral columns, secondary to a tumor of the medulla oblongata. In the second, the spinal cord was healthy, but there was a colossal internal hydrocephalus. Schulz concludes that the sum of symptoms described as peculiar to lateral sclerosis is produced whenever the pyramidal tracts are affected in a certain region of the cord, or whenever these tracts become the seat of a functional excitation, even without the least material alteration.

Two cases of a similar nature to those given by Schulz are recorded in *Brain*, a journal of neurology, January, 1884; with the symptoms ordinarily ascribed to spasmodic spinal paralysis there was lack of the lesions of lateral sclerosis.

With these exceptions the fact must not be lost sight of that there are cases on record, though few in number, in which, with the clinical syndrome described by Charcot and Erb, the autopsy has disclosed lesions of a primary nature limited to the lateral columns of the cord. The sum of the symptoms observed during life corresponded exactly to the *tabes spasmodique* of the above-mentioned authors. I may, for instance, cite an observation by M. Stoffela.* This case offers a particular interest in that it concerns a patient in whom the affection had commenced at the age of 75 or 76 years, and who had all the symptoms of spasmodic tabes well marked when examined at the age of 78 years. There was notable enfeeblement of the inferior extremities; he walked without raising the feet, which simply shuffled along the ground; the knees were stiff, and the thighs were rigidly drawn together; often

* Thesis of Jubeneau, 1883.

when attempting to walk there were cramps in the muscles of the calves and thighs. The uncertainty of gait was noticed in the patient when his eyes were shut.

During the two years which elapsed between this period and the death of the patient by pneumonia, there were no indications of muscular atrophy; the contracture persisted. There was neither diminution nor perversion of cutaneous sensibility; micturition and defecation were normal. The cutaneous and tendinous reflexes were exaggerated; the spastic symptoms had become more frequent and more intense.

At the autopsy was found a sclerosis of the lateral columns the whole length of the cord, most pronounced in the thoracic and lumbar regions. The whole extent of the lateral tracts was involved in the degeneration, which bordered posteriorly on the posterior cornua.

This case is open to certain critical objections. M. Leyden denies its validity on the ground that there was no microscopical examination; that the disposition of the sclerosis was not quite what one generally observes in cases of primary sclerosis of the lateral columns; that the encephalon was not examined, so that it was impossible to tell whether there might not have been in this patient an encephalic lesion with secondary degenerations.

These objections seem to me to be rather exaggerated. None of the symptoms warrant the supposition of a cerebral lesion, and the absence of all muscular atrophy justifies the opinion that the gray substance was healthy.

Another observation published by M. Morgan seems to be exempt from every valid objection, and if this be so, it is a good instance of primary sclerosis of the lateral columns, finding expression in the congeries of symptoms belonging to the clinical pictures of spastic spinal paralysis given by Erb and Charcot.

The patient, A. B., a man aged 45 years, dated the commencement of his disease to exposure to cold and wet during a night two years before, when he was engaged in hunting. A few days after the severe chill which he then received, he experienced a certain enfeeblement of sensibility and movement in the right inferior extremity; then, after several months, the left inferior member was taken in its turn. A little later were manifested all the characteristics of spastic paraplegia.

When he was observed in the month of May, 1880, there was paresis with rigidity of the inferior members; the reflexes were

exaggerated; the sensibility was intact and there was no paralysis of the sphincters; no ataxia was noticed; the cerebral functions were intact. The lumbo-vertebral region was painful to pressure, and the patient could not sit up in bed without being helped.

This patient died July 7, 1880. The examination of the cord made by Dr. Dreschfeld revealed the existence of sclerosis of the lateral columns. This sclerosis, which was very easily noticed in the cervical and lumbar regions, was most marked in the dorsal regions. All the other portions of the cord, gray substance, and white substance, were absolutely healthy.

M. Morgan sent sections of the cord to Prof. Charcot, who found the lesion to be a true sclerosis of the lateral columns, and wrote to M. Morgan that "this is the first case on record in which the post-mortem examination has demonstrated the existence of a lesion wholly confined to the lateral columns, without participation of the gray substance or the posterior tracts."

BOULIMIA—CASEOUS PNEUMONIA AND DEATH BY ACUTE TUBERCULOSIS.

BY CHAS. BAUER, M. D.,

Of Philadelphia,

Late Assistant Physician to the O. P. Department of the
Hospital of Jefferson Medical College.

The patient, R. K., came to my office, January, 1886, complaining of dyspepsia. She appeared greatly emaciated, except in face, which was pale, ears and conjunctiva expressing marked anæmia. Her manner was quick, nervous, and emotional, almost bordering upon the hysterical. I gleaned the following history: Family history good; she was twenty years old; first menstruated when thirteen, and performed that function regularly until her sixteenth year. At fourteen she took employment in a silk-goods factory, but believing that the work was too much for her, left the place six months later, and subsequently went at shoe-pasting. At this time (at fifteen years of age) she was strong, rosy, and stout. About nine months later, she went back to the factory, where some depraved associate taught her the practice of a vicious habit, which she indulged for over a year.

I mention this, not so much because of a belief that it may have been the cause of developing the symptoms of bulimia, which, considered purely as a nervous derangement of part of the digestive apparatus, would

not seem unreasonable, but because it belongs to the history of this, in many respects, singular case. At all events, it was not long before grave nervous phenomena manifested themselves. Menstruation became irregular and scanty, she began to lose flesh and color, slept poorly, would cry on the least provocation, and a morbid, insatiable craving for food developed. She wanted to eat everything eatable she saw, nor would any quantity satisfy her desire for more. If a loaf of bread was placed before her, she would not stop eating of it until the whole was consumed, and then wanted more, and "when I am quite full I am still as hungry as when I began." It was the same way with drink: if she drank a glass of ice water, she was tempted to empty the cooler. This was after a time followed by dyspeptic symptoms, of which pain over the epigastrium and constipation (probably due to paresis of the bowel) seemed to have been the most prominent. A physician whom she consulted, said she had some liver trouble and dyspepsia. Her mother and those who observed her voracious appetite now insisted that she must have worms, and took her to a "celebrated" worm-doctor of this city, who, of course, diagnosed "Worms, worms, worms, madam," and plied her with \$22 worth (?) of his "infallible" nostrum, with no result except to add to her debility and dyspeptic troubles. In the fall of '83 she contracted a severe cold, which confined her to bed for four days, being delirious part of the time. The physician called pronounced her ailment congestion of right lung. In about a week she was able to go back to her work, has not taken cold since, nor been subject to cough.

She came now on account of this inordinate appetite, her wasting, weakness, nervousness, somnolence, dyspepsia, and constipation. Had not menstruated for ten months.

Physical examination showed marked emaciation, the pectoral muscles had almost dwindled away, and each rib could be readily outlined by the eye. Left side of the chest was somewhat more prominent than the right. Percussion gave dullness over superior and middle lobe anteriorly on right side, with somewhat of the tympanitic quality over the inferior lobe. Left side hyperresonance of both lobes. Vocal fremitus increased on right side. Respiratory murmur of upper and middle lobes on right side very feeble, bronchial over lower lobe. On left side diminished inspiratory murmur, with prolonged expiration. No râles, cough entirely absent, but some dyspnoea. Heart's action

irregular, second sound slightly accentuated, and there was present a soft systolic, basic murmur propagated along the large venous trunks. The diagnosis of caseous pneumonia with boulimia was made, and the patient put upon an exclusive milk diet (4 ounces of milk with half ounce of lime water every three hours), and sodium bromide 3ss, morning and night. After four days she stated that the quantity of milk was insufficient, and I allowed her six ounces (mixed with six drachms of liq. calcis) every three and a half hours, a teaspoonful of sulph. of magnesia every second morning for constipation. At the end of two weeks she stated that the feeling of weight and distress in her stomach had almost ceased, that she slept better, and although often tempted to eat whatever she saw on the table, was able to control herself. She begged to have something in addition to milk, and was allowed stale bread with underdone beef once a day, and some ripe fruit in the morning. Six weeks later her menses appeared again, the flow lasting two and a half days, she had gained three pounds in weight, and felt much better in every way. The bromide, which had been reduced to 3ss at bed hours, was now discontinued, and Bland's pills with the $\frac{1}{4}$ grain arsenious acid t. d. ordered. Her diet was gradually and cautiously added to, being allowed milk with toast and a soft-boiled egg for breakfast, roast steak or fish, with a vegetable and bread and butter for dinner, a glass of milk in the afternoon, and milk or tea, with a chop and stale bread, for tea. In four months (May) she had gained considerably in weight, when suddenly her "feasting propensity" manifested itself again. When she next came to my office I at once perceived a great change in her manner. At first she was sullen, saying she had dyspepsia again as bad as when she first came to me, and knew that she could not get well. A few kind words at once showed her impressionable nature; she burst into tears, and crying bitterly, said that she was not worthy of my further attention, that she had disobeyed my directions, eaten everything and as much as she could get for the last two weeks, and suffered in consequence, as at first. She could not sleep, and feared her reason was giving way. I ordered the valerianates of quin. ferri et zinci with a full dose of hydrobromate of hyosine at bed-time, but with no benefit. She continued nervous and melancholy, and some days afterwards got out of bed at four o'clock a. m. and wandered to the Park, her parents not knowing where she was, and being in great dis-

truss about her. In the latter part of the following month I detected evidence of softening in the right upper lobe; she had no cough, but fugitive pains under the clavicle, extending to back. I ordered tr. iod. with opium locally, and gave her the carbonate and iodide of ammonia in solution of the acetate every four hours. Her appetite now began to fail; in about a week she could scarcely be persuaded to take any nourishment; softening proceeded rapidly; tubercular deposits took place, hectic fever came on, and she died of pulmonary obstruction, July 30, *cough being entirely absent to the end.*

1949 N. 13th St.

MEDICAL SOCIETIES.

PHILADELPHIA CLINICAL SOCIETY.

Adjourned meeting, December 17, 1886. The President, Dr. John B. Roberts, in the chair.

Dr. Daniel Longaker read a paper entitled

Some Points in the Treatment of Inflammation and Abscess of the Breast.

Fully convinced of the correctness of the principles of treatment of mastitis, lately advocated by P. A. Harris* in such an able manner, I at once determined to carry into practice his teaching. After a trial extending over some eighteen months, and having, during that time, had unusually excellent facilities for observation, I feel ready to advance an opinion as to its usefulness. To say that this is most favorable, but partially expresses my feelings.

When a large class of patients continues to be daily treated in a manner so at variance with sound principles and logical conclusions, based upon well-known facts, no apology is needed for entering again upon the discussion of the subject.

If the methods so commonly employed in the treatment of these patients were harmless, and did not distinctly aggravate matters, they might be regarded with composure. But the continued application of the child to an inflamed breast is quite harmful. So are manipulations, frictions, suction by means of pumps, shields, and any measure calculated to remove the secretion, from fear that if the distension be not relieved an abscess will form. Prof. Wm. Goodell† is authority for

the statement that gathered breasts do not occur after still-born children. This accords entirely with my own experience.

The liability of trouble at subsequent confinements in women who have once suffered from this disease, is admitted. Yet most excellent results followed in two such cases where no attempt was made to use the susceptible organ. In both these instances the sound breast alone was used during the period of lactation.

Our positive knowledge of the etiology of mastitis has been advanced by recent studies and experiments of Baum.* He says: "There is no doubt that the described organism, diplococcus, introduced into the cellular tissue, has the power of reproducing itself, and by extension, cause infiltration and supuration."

It is to be hoped that more extended studies than have yet been made will be instituted in regard to the rôle of this micrococcus. It may be the agent which, finding its way into the lymphatics by an erosion or fissure of the nipple, finally reaches the interlobular and interacinous connective tissue, there to develop to an alarming and destructive extent. The danger of mastitis in fissure of the nipple is a generally recognized and a real one, whether it be due to the microbe or not.

The intensity of the symptoms of mastitis usually depends upon the severity and extent of the disease. Its onset is distinct; with a decided chill, or repeated chills, a marked elevation of temperature, and the presence of a very painful, swollen and tender area in one of the breasts, the diagnosis is a very simple matter.

If nursing, at least upon the affected side, be at once interrupted, if all manipulations of the gland be interdicted, and if, in short, absolute and complete rest be secured, the disease will terminate, in the large proportion of cases, by resolution. According to Winckel,† 136 cases, in the Dresden University, resolution took place in ninety-one, or sixty-seven per cent. I believe that even better results than this may be achieved.

If these correct principles are not followed, the termination will be, in the majority of cases, suppuration, often lasting many months.

It is but just to state that Lusk‡ and King§ recognize the necessity of suspension

* American Journal of Obstetrics, January and February, 1885.

† American Journal of Obstetrics, January, 1881.

* Archiv. of Gynec., vol. xxiv., p. 262; also Lusk, Science and Art of Midwifery, p. 717.

† Billroth, Handb. v. Frauenkrank., p. 15.

‡ Midwifery, p. 718.

§ Obstetrics, p. 307.

of suckling from the inflamed breast. Still, both allow other manipulations equally, if not more, injurious. The statement of Billroth* appears illogical when he says: "I believe Roser is entirely right in assuming that milk retention is not a *cause*, but a *consequence* of mastitis;" and then adds later on: "If the inflammation be in the gland itself, nursing at breast on the affected side is best suspended; but if the breast becomes much distended, it is emptied by means of a breast-pump." He is opposed to manipulation because it may increase the inflammation.

My experience has fully demonstrated that the bandage is capable of overcoming the pain that might result from distension. This should be two and a half inches wide and 20 yards long. A bandage fourteen yards long will be sufficient, according to my experience, of some cotton or flannel, or what I have found particularly applicable, the so-called "Globe antiseptic wool." The only objection to the latter is its high price. By means of this material the inflamed breast is covered, and it is then closely, evenly, and in a sufficiently firm manner, enclosed by figure-8 turns of the roller. On the healthy side the nipple may be allowed to be exposed, if it be considered advisable to apply the child on that side.

Disagreeable pressure on the shoulders is avoided by interposing a layer of the wool. If, during the application of the bandage, the patient be repeatedly questioned as to its being too tight, disagreeable experiences and too much pressure will be avoided.

Still more complete rest may be secured, if in addition to this the patient be confined to the dorsal position. Quinia, salines, opiates, are all of secondary importance to this principle of rest.

Since the adoption of this plan in the Lying-in Charity, the occurrence of abscess has been quite rare, though a number of cases of marked inflammation were encountered. In the service of my colleague, Dr. C. J. Wilson, the same plan is followed, and his opinion of its value is fully in accord with my own.

The general disturbance, usually soon ceases, and the local condition improves. Usually the bandage is removed and re-applied on the following day. Occasionally it remains in situ 48 hours. In from eight to ten days the disease has ordinarily completely subsided, and the breast is again used.

Dr. Hiram Corson † is a strong advocate of

cold in this disease. He depends upon this for the removal of painful distension, and does not empty the breast by means of pump or any other manipulations.

The treatment of fissures of the nipple is also a very important matter. Much may be done to prevent their occurrence if, before delivery, accumulation and desiccation of secretions upon the nipple and areola be avoided by frequent bathing with warm water.

For slight conditions the tinct. benz. co. has proved of much value. It is applied to the fissured surface after thorough cleansing. The use of Needham's shield is advantageous. In severe and otherwise intractable cases rest from lactation for a few days will accomplish a cure.

During the last year, both in hospital and private practice, I have had repeated opportunities for observing the results of inflammation treated by other plans. In all of these the breasts have been in various stages of destruction—honey-combed and riddled with sinuses and fistulous openings which have been discharging for months. The treatment of such cases is unsatisfactory, unless very radical measures are adopted. It is surprising how extensive, from the onset, many of these cases are. I am convinced that if their true nature were more fully appreciated, the result would always be much better.

Even when, as should always be done so soon as fluctuation or the presence of an œdematous and reddened area make it certain that suppuration has occurred, a free opening is made and drainage-tube used, the result is sometimes disappointing. The relief is only partial and temporary, and in a few days the breast grows very painful, and in one or more places gives evidence of the formation of fistulous openings.

When this is about to take place the original incision of one-half inch should be enlarged, the finger introduced, and the walls intervening between the various foci of suppuration broken down. In this way the entire extent of the disease is converted into a single cavity, and this, under the influence of drainage, antiseptic irrigation and dressings, is enabled to heal in a short time. A process which might continue for a long time is thus terminated within the limits of a reasonable period.

"It need not be wondered at," says Billroth, "that these patients, after six or eight operations, lose all confidence in the doctor or in his art."

The following conclusions are justified:

* Billroth, *Handb. v. Frauenkrank.*, p. 15.

† *Amer. Jour. Obstet.*, Jan., 1881.

1. Milk retention is not a cause of mastitis.

2. Milk retained in an inflamed breast does no harm.

3. Any effort to remove the secretion increases the intensity of the inflammation by stimulating the functional activity of the gland.

4. The fundamental principle to be observed in the treatment of mastitis is *rest*. This will prevent suppuration.

5. In suppuration early incision, under antiseptic precautions, and drainage, are to be strongly urged.

In the discussion which followed the reading of Dr. Longaker's paper, Dr. James B. Walker said: "When mammary abscess threatens, give at least *partial rest*. Fissured nipples nearly always anticipate abscess; and these are due, often, to too frequent nursing during the early days of the puerperal state before lactation is established. Because of this, it has become a habit with me to order the infant put to the breast every *four* hours during the first sixty hours after delivery, and after lactation is thoroughly established every *two* hours. Sore nipples indicate either an insufficient quantity or an improper quality of milk, and every alternate feeding should be artificial, this giving the nipple *eight* hours rest instead of *four*. If a stinging sensation occur in the breast, just as the child finishes nursing, give the breast *partial rest* by feeding the child artificially every alternate time and the pain will soon disappear. For the engorgement of the breasts, on the third day after delivery, at the beginning of lactation, I have used camphor stupes with benefit and comfort to the patient."

Dr. Edward R. Stone was recalled to a patient ten days after delivery, and found symptoms of threatened mammary abscess. He applied adhesive strips and gave the gland complete rest; in three days all bad symptoms had disappeared, and lactation was resumed. For fissured nipples he has used a two per cent. solution of cocaine, having the parts carefully washed before the child was put to the breast, with good results. He has also used camphor and chloral, equal parts, very satisfactorily in some cases.

Dr. Clara Marshall mentioned a case of fissured nipples where she had used lead shields over the nipples with advantage.

Dr. Walker said that in one case of fissured nipples he had the patient to wear the Wansbrough lead shields during the intervals of nursing, and the fissures soon healed.

Dr. Emma Musson has used lead shields in one case. The result was very satisfactory. The shields were kept in a solution of boric acid while the child was nursing.

Dr. Amy S. Barton has used a solution of cocaine for fissured nipples, applied on cotton, having the part carefully washed before the application of the child.

Dr. Mary Willits has used subnitrate of bismuth in several instances with good results. In one case the fissure was very deep, giving rise to severe pain and considerable bleeding at each nursing. Various remedies were used without any benefit being derived. On using bismuth, and having the child to nurse through a rubber nipple shield, thus giving the parts more rest, the fissure healed.

MARY WILLITS, M. D.,

1527 Green St. *Reporting Secretary.*

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated meeting, January 12, 1887.

The President, J. Solis Cohen, M. D., in the chair.

Dr. H. A. Wilson read on behalf of Dr. John B. Roberts the report of

A Case of Suprapubic Lithotomy, followed by Death from Perforating Ulcer of the Stomach.

The following case of removal of stone from the urinary bladder by the suprapubic or high operation is reported as proving the position which I have so long insisted upon, that this operation is easily accomplished, and is free from many of the dangers of the lateral perineal operation.

C. H., aged sixty-three, applied to me for relief from frequent urination and other bladder symptoms, and was sent to the wards of the Pennsylvania Hospital. Upon the introduction of the lithotomy sound, it was easy to discover the presence of a stone. When the catheter was used, the stone was struck before any urine was drawn from the bladder, apparently proving that the calculus lay close behind the prostate gland. The patient was a very fat man, with poor circulation, and evidently a bad subject for etherization or operation. The urethra was large and easily distended. It therefore seemed to me proper to attempt the removal of the stone by the rapid crushing method.

With this object in view, I had him frequently dilated with large bougies, in order that the urethra and bladder might become tolerant to the contact of instruments. Subsequent to this preparatory treatment, I

made an attempt to crush the stone with a lithotrite, expecting to evacuate the fragments by the ordinary method of Bigelow. Repeated efforts proved the impossibility of seizing the stone, either because it was too large to fall into the grasp of the blades of the instrument, or because it was encysted behind the prostate gland. Even with a finger in the rectum, and with the jaws of the lithotrite turned downward, seizing the stone was impossible.

As the man's perineum was deep, and as I believed that the perineal operation was inferior to the suprapubic one, because of the liability of hemorrhage, of injuring the seminal ejaculatory apparatus, and also because of the supposed size of the stone, and its possibly encysted character, I determined to perform the suprapubic operation.

After etherization, a rubber bag to which was attached a long tube, was placed in his rectum, and filled with about twelve ounces of warm water. The bladder was afterward filled with six or eight ounces of a weak solution of bichloride of mercury. A three-inch incision was then made in the median line through the skin and a depth of nearly two inches of adipose tissue. The muscles were then separated, and the tissue torn through with my finger until I came upon the distended bladder. By means of a curved needle I passed a string through the top of the bladder, and brought both ends out of the wound to serve as a handle by which the bladder could be held up close to the surface. A longitudinal incision of about an inch in length was then made in the anterior wall of the bladder from above downward. The water immediately escaped from the bladder, and on the introduction of my finger I felt a large flattened stone lying in the lower portion of the organ, but not encysted. After some little difficulty, the calculus was seized in ordinary lithotomy forceps and drawn out of the bladder, the wound in which was then closed with interrupted catgut sutures. The muscles were brought together by buried sutures of catgut, and the integument subsequently closed in the same manner. A drainage-tube was carried in at the middle of the incision, and pushed down into the space between the anterior wall of the bladder and the pubic bone. The edges of the wound were finally sprinkled with powdered iodoform, and the ordinary antiseptic dressing of gauze and corrosive sublimate applied. A hard-rubber catheter was left in the urethra in order to drain the bladder. At the end of twenty-four hours it was found impossible to keep the catheter

in the bladder because of the pain which it gave the patient. Accordingly his urine was drawn at frequent intervals by means of a catheter similar to that originally introduced, but it was very difficult to keep the dressings properly applied and avoid their becoming soiled by the urine.

Three days after the operation the wound seemed well united along the surface, and a couple of days later the drainage-tube and two of the sutures were removed. Dribbling of urine soon began to occur through the opening left by the withdrawal of the tube. This continued until eight days after the operation, upon which day the last suture was removed. On the evening of the same day the patient vomited about six ounces of blood, and during the straining of the vomiting on that day, or on account of the sitting up in bed a few days later, the wound became gaping throughout its entire length. The edges of the re-opened wound were again brought together by sutures of silk-worm-gut and shot.

From this time forward the man's general condition was bad, although the wound gradually closed, except superficially, and all dribbling of urine from the wound ceased. In fact, he seemed to have recovered from the local effects of the operation, and to have left merely the deep wound through the skin and superficial fascia. Here the granulations were sluggish, and the repair of the opening in the fatty tissues and skin were inactive. He was, however, able to pass his urine normally through the penis, and so far as urinary symptoms were concerned was in a very comfortable condition. There persisted, however, nausea, a dull, uncomfortable feeling of pain in the epigastric region, and a total want of appetite. I was unable to make any definite diagnosis as to the meaning of these symptoms. Disease of the liver or stomach were the suggestions which came to mind.

Two months after the operation he suddenly suffered intense pain in the epigastrium, and immediately went into a condition of profound shock, from which he never reacted. A few days before this time he had been sitting up in a chair every day, and the wound in the abdomen was almost closed. He had no trouble in urinating, and was very comfortable, except for the epigastric pain and the great weakness.

The post-mortem examination showed a large gastric ulcer the size of a silver dollar, which had caused perforation of the walls of the stomach, and had allowed its contents to escape into the peritoneal cavity. The cause

of the vomiting of blood, of the impaired nutrition, and of the constant pain which he suffered for many weeks before death, was, therefore, shown to be a gastric ulcer, probably present before the time of operation, but latent in regard to symptoms.

The ease with which the suprapubic operation can be performed, due largely to the distention of the rectum and bladder by the fluid forced into them previous to making the first incision, was clearly demonstrated in this case. The facts that union of the bladder wound and early restoration of the functions of the bladder in regard to urination readily occur after the high operation for stone, and that wounding of the peritoneum is easily avoided, make this method of removing vesical calculi very satisfactory. The unfortunate death of the patient from disease of the stomach does not in any way vitiate the results of the operation; for, although the patient had not recovered sufficiently to be discharged from treatment, still the operation had effected the results which I sought.

Dr. J. Solis Cohen presented

A Series of Three Epithelial or Pseudo-Membranous Casts of the Tonsils and Palatine Folds of a Case of Diphtheria.

The patient is an adult, and has exhibited no symptoms of a constitutional infection. The local disease was limited to the tonsils and palate: one tonsil became parenchymatously enlarged and underwent supuration. The abscess was opened twice. At present there is an additional abscess in the upper portion of the palate. There has been no complication in the case except from difficulty in deglutition, so great that for forty-eight hours the patient had to be nourished mainly by the rectum. Two days ago there was brought to me a thin sheet of false membrane, which was an accurate mould of the tonsil and palatine fold. Yesterday a similar mass of desquamation, having much the same shape, was brought; and this morning a third mould had been thrown off. The appearance of the second cast closely resembles a cast of the interior of the larynx and trachea, and could readily have been mistaken therefor had there been any laryngeal complication. Manipulation, however, demonstrates that it has sheathed the tonsil and one of the palatine folds.

The point to which particular attention is called is the physical resemblance of these patches to the desquamated epidermis in scarlatina.

NEW YORK ACADEMY OF MEDICINE.

Annual meeting, January 6, 1887.

A. Jacobi, M. D., President, in the chair.

Dr. Jacobi was re-elected President, and Dr. William H. Draper was elected Vice-President.

Dr. L. Emmet Holt read a paper entitled

The Antiseptic Treatment of Summer Diarrhoea.

The conclusions to which he arrived were that summer diarrhoea is not to be regarded as a disease dependent upon a single morbid agent. The promoting causes are many, such as heat, improper feeding and surroundings, dentition, etc. The immediate cause is putrefactive or fermentative changes taking place in the stomach or bowels in food not digested, which changes often began outside of the body. These products may act as systemic poisons, or they may cause local inflammation and changes in the intestine. The diarrhoeal discharges, at the onset at least, are salutary. Opium, especially in the beginning, may do harm. It stops peristalsis and cleansing of the bowel. Salicylate of sodium has a marked influence in restoring healthy action in the stomach and intestines. Naphthalin, though not equal to this drug, is certainly of great value, particularly in cases of long standing.

The author had treated 300 cases by bismuth and Dover's powder, frequently but not always preceded by castor oil, with the estimated result of 52 per cent cured, 27 per cent. improved, 18 per cent. unimproved, 7 per cent. died. Of 81 cases treated by salicylate of sodium, 84 per cent. were cured, 7 per cent. improved, 7 per cent. unimproved, 1 per cent. died. He had obtained good, but not equally good results from naphthalin. He had also used bichloride of mercury and resorcin. The drugs employed for summer diarrhoea which had held their own during the past fifty years were now recognized to be antiseptics.

Dr. Wilcox and Dr. Peabody related cases of chronic diarrhoea in adults of long standing cured by naphthalin. The views of the author were generally endorsed by those who discussed the paper, Drs. A. H. Smith, R. Van Santvoort, J. C. Peters, W. M. Carpenter, and the President.

--Dr. S. L. McKeown, of Dallas, Texas, relates in *Daniel's Tex. Med. Jour.*, a case of malarial hæmaturia with obstinate vomiting successfully treated with hypodermatic injections of the $\frac{1}{3}$ of a grain of strychnia.

EDITORIAL DEPARTMENT.

PERISCOPE.

Hysterical Affections.

Dr. F. T. Thistle reports these cases in the *Lancet*:

Case 1. Harriet B—, aged forty, unmarried, dressmaker, was admitted into the hospital on February 22, 1883. She had always been a very emotional subject. Three years before admission, the left breast was removed at the Middlesex Hospital for scirrhous. She had been in bed eleven weeks before admission. She complained of pain in the left thigh and leg; there was no swelling; the muscles were slightly wasted; the left lower limb was completely paralyzed, and she could not move it in the bed; there was partial anæsthesia of the whole limb, most marked on the inner side of the thigh; she was anæmic in appearance. She was put on strychnine and iron; the leg was faradized daily, and blistered in a few places with the thermal hammer. In three days she was walking on crutches, a few days later with a stick only, and soon was able to walk without any support at all. She had some difficulty at first in getting up and down stairs, but was made to practice it several times in the day. She gradually improved in health and strength, and was discharged on May 21, when she could walk several miles a day.

Case 2. Mary W—, aged twenty-five, formerly a servant, was first seen by me in consultation with Dr. Wills about the middle of February of last year. She had been in bed for five years, and had to be lifted from one bed to another. She was a most pitiable object, emaciated, peevish, unable to stand or walk or feed herself. She could move her legs in bed, but in getting her out of it they gave way under her, and she would have fallen if not supported. I offered to take her into the hospital, telling her that she would get perfectly well. She objected very much, and said she did not want to get well. After much persuasion she consented to come in, and was admitted on February 24th. On admission I ordered her milk and beef-tea at first, as she had taken nothing but slops for some time. She was faradized and rubbed every day. On the third day I ordered her a mutton chop; this she obstinately refused to eat, saying she could not swallow it. On being informed of this by the nurse,

I went up into the ward, cut the chop into small pieces, and insisted on her eating it, threatening to apply the battery if she would not do so. After a good deal of trouble she ate the whole of it, with some bread and a cup of milk. After this we had no further trouble about her food, and she was put on a liberal diet. On the fifth day she was out of bed, and able to walk a little when supported on each side by a nurse; a few days later she could walk with crutches in the garden. She gradually gained flesh and strength, and was discharged from the hospital seven weeks from the date of admission, able to walk two or three miles in the day. She then went for a few weeks to a convalescent home in the country, and returned much benefited by the change.

Case 3. Mary T—, aged twenty-one. I first saw this patient with Dr. Eales on July 11, of the present year. She had been in bed or on a couch for three years, and was considered by her friends to be suffering from heart disease and consumption. She was very emaciated, and could not stand without being supported; her breathing was rapid and noisy, and she jerked out her words in a spasmodic manner when answering questions, which she rather whispered than spoke. She complained of pain over the region of the heart, which was, beating quickly and feebly; the sounds were natural; breathing jerky, but nothing abnormal about the lungs. We recommended her friends to send her into the hospital, and promised that she would get quite well. She was admitted under my care on July 13. Her weight on admission was 67 pounds. She was faradized and rubbed every day, given as much good nourishing food as she could be made to eat, and ordered cod-liver oil and iron. As in the previous case, she was got out of bed, and walked at first with support, and very soon by herself. A small blister was placed over the region of the heart, which removed the pain she complained of. The breathing soon became natural. She rapidly gained flesh, strength, and weight. In a fortnight she was able to take good walks. She was discharged on September 16, and sent to a convalescent home on the Moor. Her weight on leaving was 80 pounds, having gained 13 pounds in rather more than two months.

The above cases are examples of many to be met with in practice. Whatever name we may apply to them—real, ideal, hyster-

ical, or neurotic—they are all of them very amenable to treatment, are extremely interesting to watch, and amply repay in their satisfactory termination the time and trouble devoted to them.

Terpine in the Treatment of Neuralgia.

Dr. Ducroux, in a paper recently read before the Société Médico-pratique, of Paris, described some cases showing the good effects of terpine in neuralgia. The first was that of a woman, aged 47. Two years before, she had been attacked with neuralgia, consequent on occupying a damp house. Sulphate of quinine, and afterwards aconitine, gave temporary relief. On February 15, 1886, she was suffering from constant neuralgia on the right side of the lower jaw, in the right cheek and temple. There was also pain in the supra-orbital notch, the mental foramen, and in the occiput. The patient complained of a constant feeling of heaviness in the head, and of cold in the right side of head. Terpine (.60 centigramme) was given in three pills between meals, during three days. On February 19 considerable relief was obtained. The pains and the feeling of cold had disappeared, and also the heaviness of head, which had persisted for two years. The pains having returned in a few days, terpine was again administered in the same manner on February 25. The pains ceased, then re-commenced, but in a milder form, and without any heaviness of the head. Terpine was again given on March 8. Neuralgia having again come on, doses of .80 centigramme were administered in four pills, beginning on March 10, and being continued for three days. During the month of April, these doses were repeated at intervals. At the end of that month, the back of the head was still sensitive, but all other pains had ceased. At the beginning of May and June, terpine was again administered, the pains having re-appeared. On June 15, the patient was able to go out without extra covering on the head. Dr. Ducroux is of opinion that the patient may again be obliged to have recourse to terpine, as the neuralgia shows a tendency to recur, though in a milder form. The therapeutic effect of the terpine seems to cease after a few days. In cases of obstinate neuralgia it might be advisable to give it for three days every week. The second case was that of a married woman, aged 35. At the age of 22 she had intermittent fever. From the age of 13 or 14, she had suffered from headache from time to time, and when she was 22 she had

intermittent fever. Menstruation had ceased for six years. A week ago she was attacked with pain in the right side of the head, differing from her habitual headache. The pain, which gradually increased, extended in front, around the ear, and over the temple and cheek, and behind, over the mastoid region. There was also pain in the external auditory meatus. The pains were accompanied by a humming in the ears. Terpine (.60 centigramme) was given in three pills, to be taken between meals. On April 29 the pains had disappeared, but the humming in the ears continued; .50 centigramme of sulphate of quinine was administered during three days. This had no effect. A few days before May 17 the humming in the ears diminished, and took a different form. The sound in the ears was no longer that of humming, but of running water. The patient could neither hear herself nor others speak. Terpine was again administered in the same way. The sounds in the ears diminished and completely disappeared two or three days after the last dose. Dr. Ducroux believes that the disappearance of the pains was due to the use of terpine, and that it had some effect upon the sounds in the ears. The third case was that of a man aged twenty-three. Fifteen years before he had suffered from bronchitis, with hæmoptysis. In May, 1885, he was attacked with severe pain over the right eye, in the supra-orbital notch, and about the occiput. A blister was applied to the temple, and dressed with one centigramme of morphine; terpine (.60 centigramme) was given in the way already described. The first morphine dressing did not relieve the pain, but the second, applied the following evening, was more effectual. The patient had then taken three terpine pills. As the improvement continued, only eight pills were administered in the three days following the second day. The neuralgia was completely cured. Dr. Ducroux attributes this result to terpine, as the morphine application produced no effect.

Scarenzio's Treatment of Syphilis.

Scarenzio's treatment, it may be remembered, consists in the subcutaneous injection of calomel, held in suspension in glycerine (10 centigrammes of calomel to one of glycerine). Several injections are given, to the amount of 40 centigrammes in all, the treatment lasting about four months. The plan is said to be very effectual, not only curing the symptoms appearing in the progress of the disease, but preventing their return. M.

Balzar, wishing to try this treatment at the Lourcine Hospital, Paris, but fearing the irritating action of glycerine, and the great pain which it causes, determined to use vaseline oil as a vehicle for the calomel. Two hypodermic injections of the pure oil were first tried, which proved absolutely painless, and left behind them neither irritation nor induration. A severe case of syphilis was then chosen. The patient was a young woman, aged nineteen, who had been suffering from the disease for about five months, and was in the sixth month of pregnancy. Large mucous patches covered the labia majora, and the posterior portion of the anus; there were also some on the left tonsil. She had, besides, general roseola, with large maculae, and an abundant papulo-squamous eruption on the abdomen and the lower limbs, with general enlargement of glands. The patient had been for some time under the following treatment: Two Dupuytren's pills daily, with two spoonfuls of the syrup of iodide of iron; compresses, moistened with Van Swieten's fluid, diluted with distilled water, applied to the vulva during the night; cauterizations, with a 1-20th solution of nitrate of silver; gargles of chlorate of potash; and baths. All this had been absolutely without benefit. On October 4, a first injection of 2½ centigrammes of calomel, in 50 centigrammes of vaseline oil, was given in the back. No pain was caused by the injection. On the following days, a small, soft, slightly painful swelling appeared at the seat of injection. On October 11, another injection of 5 centigrammes of calomel was given in the lumbar region, and, in a few days, the swelling was as large as a hen's egg. At one time the formation of an abscess was feared, but, in about ten days, the indurated swelling began to subside. Meanwhile, the cutaneous affections which had hitherto proved so refractory under treatment, had rapidly improved. Already on October 25, the roseola, together with the patches on the vulva, had disappeared; of the latter there remained but a dry, violet-colored macula. The general state was excellent, and the pregnancy was following its normal course. On November 18, the amelioration still continued, and the induration at the seat of injection had shrunk to two-thirds of its original size.

Hysterical Paralysis Following a Dream.

At a meeting of the Biological Society of Paris, M. Féré related the following interesting case:

The patient was a young girl, aged four-

teen, who for some time had grown rapidly, and whose menstruation had stopped. One night she dreamed that men were chasing her about the Place de l'Odéon, in order to kill her. She managed, with much effort, to escape, but, on waking up, felt extremely fatigued. On the following day, her legs gave way under her. The dream was repeated several nights in succession, and even continued while awake. Every morning the weakness of the legs increased. A few days later, on attempting to go up stairs, she fell, and was unable to rise; she was found to be paraplegic. In this case, M. Féré called especial attention to the fact of paralysis following the dream. In some cases, so-called psychical paralysis admits of a pathogenic interpretation different from that generally accepted since the investigations of Russell Reynolds and Charcot. It is, in fact, admitted that this kind of paralysis occurs through idea or suggestion; that is to say, the motor disturbance is only manifested after mental symptoms. This theory has even been applied to paralysis from traumatic shock. The circumstances which preceded the appearance of paralysis in this case seemed to favor the theory of paralysis from exhaustion. In reality, the weakness of the limbs came on gradually under the influence of fatigue, caused by exhaustion of the motor centres, resulting from a rapid succession of volitional discharges not followed by actual movements. All dreamers are familiar with the muscular fatigue following dreams of movement. Moreover, the same patient offered another example of paralysis through fatigue, when she lost the power of phonation after an analogous set of phenomena. In a fit of excitement caused by enforced repose, the patient gave vent to a violent torrent of words, which continued for two hours, after which she fell asleep. On awakening, she had complete aphonia, due, in M. Féré's opinion, to fatigue. The aphonia was accompanied by difficulty in writing, which has rarely been observed in hysteria. Cure was effected by means of passive movements. M. Féré added that, by exciting dreams of movement in hypnotizable subjects during natural sleep, he could induce analogous paresis, accompanied by microtism of step similar to that in the patient, and due to a predominance in the action of the gastrocnemius, causing the toes to touch the ground before the heel. In a certain number of cases, the so-called psychical paralysis is brought about by exhaustion following prolonged cerebral fatigue, and not by the subjective representation of fatigue or of paralysis.

"Dead Space" in Certain Chemical Reactions.

The most important discovery now spoken of in Berlin medical society is that of Professor Liebreich, who only a year ago presented us with the new basis for ointments. His latest discovery is more in the sphere of pure chemistry, but it is also interesting to physicians. Professor Liebreich observed that when reaction takes place only some time after mixing certain liquids together, it does not occur throughout the whole liquid; in some parts a space is left, in which no reaction is seen, and this he calls the "dead space." He has observed the same in several reactions—for instance, on mingling sulphuric acid, iodic acid, and starch together, or hydrate of chloral with carbonate of sodium, or chloride of gold, sodium lye and sugar, and in many other cases. The so-called "dead space" is not always the same, but varies according to the kind of vessel into which the liquids are poured. If, for instance, narrow tubes are used, the "dead space" is very small, while in capillary tubes no reaction whatever takes place. If the liquids are poured into closed vessels with rigid sides, the "dead space" cannot be seen, but if the closed vessels are of membranous structure, it may be observed. Thus, for instance, in a prepared rabbit's bladder the "dead space" is at the top and bottom, whilst the reaction takes place in the middle in the shape of the yolk of an egg. If a piece of gut is taken and divided by means of little rings into a number of small compartments, and if one of the above-mentioned liquids is poured into it in each of the compartments, the reaction is seen taking place in the middle, while at the top and bottom there is a "dead space." As the "dead space" depends upon the size of the vessel, it may be inferred that for every chemical mixture yielding a reaction, proportions can be imagined in which reaction ceases. The laws of reaction, therefore, are dependent on the space in which the effect takes place, and hence these observations have an important bearing on the organism. In testing the effect of certain medicinal agents, not only must their chemical constitution be taken into account, but the laws governing their reaction in large and small spaces respectively.

A Newly Discovered Substance in Urine.

Dr. Leo's researches on sugar in urine are interesting, and tend to correct the commonly accepted views on the subject. Pro-

fessor Scheibler, a chemist well known for his researches on sugar, has observed that the determination of the quantity of that substance contained in a liquid gives different results, according as it is done, by Trommer's method or with the polariscope. As sugar nowadays is exclusively dealt with according to the degree of polarization, this fact is of enormous value in trade. Scheibler has isolated a substance that is more powerful in that respect than grape-sugar. Dr. Leo's researches yield analogous results, though in a different field. He has examined a great quantity of diabetic urine after three different methods, namely, Trommer's (alkaline solution of copper); by fermentation; and with the polarization apparatus. In many cases the results agreed, while in others there was a considerable difference. He succeeded in isolating a substance corresponding in its chemical composition to grape-sugar, and also a carbo-hydrate differing considerably from grape-sugar, and turning the plane of polarization to the left. The power of reduction of this newly discovered substance is to that of grape-sugar as 1 : 2.48. Dr. Leo found this substance in three specimens of diabetic urine, but it was absent in normal urine, although a great amount was examined for that purpose. From this it may be concluded that the substance does not originate outside the organism, and that it is a pathological product. The theory of Dr. Jaques Meyer, of Carlsbad, that it may be connected with obesity, is negatived by the fact that of the three persons in whom this substance was found only one was corpulent.

Imperforate Os Uteri—Vicarious Menstruation—Operation.

Dr. R. C. Prewitt thus writes in the *Mississippi Valley Med. Mo.*:

Some time ago Mrs. B., aged twenty-seven years, came to me for treatment, stating she had hemorrhage from the lungs, which occurred about every two weeks; that her bowels would swell about the same time, when she would have a slight menstrual show. She was very anæmic, and from her statement and general condition I concluded it must be a case of vicarious menstruation, and believing some obstruction to exist about the mouth of the womb, I told her a specular examination would be necessary. She readily consented, and I found there was no os uteri, so to speak, but instead a small opening three-quarters of an inch to the left of the median line. This was too small to

admit the smallest size bougie, and barely large enough to admit a knitting-needle. I stated to her that the opening was too small to permit the free outpouring of the menstrual fluid, hence the periodical spitting of blood, and the remedy would be to enlarge the opening. I did this by first introducing a grooved director, and then with a sharp-pointed bistoury cut one-half inch in the direction of where the os uteri should have been. This caused some hemorrhage, which however was easily controlled. I then inserted a sponge-tent, saturated with vaseline, which I allowed to remain over night. On the following morning I replaced it with another, and so on until the third day, washing the vagina thoroughly each time with carbolized water. The fourth day I changed from vaseline to carbolized oil, which I continued for two weeks, when she came properly unwell for the first time in her life, never having had more than a show. There was no more swelling, no more spitting of blood. I kept her on wine and iron tonics for two months, at the same time requiring her to inject the vagina with at least a gallon of warm water every day or two. It has now been six months since the operation, and my patient has been perfectly regular every four weeks, and sufficiently free. I thought of using the uterine dilator, but the opening was too small to admit of its introduction, so I decided to use the knife. There was no evidence of there ever having been an os tincæ, as there was no opening and no cicatrix. The opening which I mention I believe was a fistulous one, proceeding from the menses collecting and causing suppuration, and consequently if there had never been a menstrual discharge in the uterus there would never have been an opening.

This case was a very interesting one to me, and though similar ones may have frequently occurred, this is my first in a practice extending over twenty-four years.

Pilocarpine as a Galactagogue.

The remarkable effect of pilocarpine on the secretions, particularly of the skin and the salivary glands, has long been known. It remained to be seen whether this influence was not likewise exerted on the secretion of milk, since the mammary glands resemble, in certain respects, the sudoriparous glands. Some writers have incidentally mentioned the action of pilocarpine as a galactagogue; but, from a practical point of view, nothing seems to have been published on the subject. For several years M. Chéron has carefully

studied the effect of pilocarpine on skin diseases, and he has discovered that the therapeutic action of the drug can be produced in smaller doses than are necessary to stimulate the activity of the salivary and sudoriparous glands. The discovery of this important fact enabled him to employ pilocarpine in subcutaneous injections, without risk to the child, in the case of nurses whose milk-secretion had ceased. The following was his method of proceeding in nine cases, which, with one exception, turned out satisfactorily: Five centigrammes of the nitrate of pilocarpine were injected as soon as the milk became scanty, whether this took place suddenly or by degrees. The injection was repeated every day. Under its influence the skin of the face, and afterwards that of the body, became hot for a few moments, but there was seldom any moisture. It is essential to success not to produce diaphoresis. If the scantiness of secretion has existed for some time, ten or twelve injections are required; on the other hand, if it has come on suddenly, two or three will suffice. The treatment had no ill effect either on the nurse or the nursing.

Arthropathia Tabica.

Much has been said lately about the occurrence of joint-disease in tabes. In all the cases hitherto reported, the joints of the extremities have been affected; recently, however, Dr. Krönig brought before the profession in Berlin examples of spinal disease occurring in tabes. He reports three cases of patients who had suffered from tabes for three years, and in whom the characteristic features of the disease were more or less distinctly present. In three cases the spine had been fractured by injuries quite inadequate to produce such a result in a healthy body; it appears fair to conclude, therefore, that the bones had been rendered unnaturally fragile by the disease. Dr. Krönig therefore suggests that measures should be taken in all cases of tabes to prevent such an accident. Professor Leyden and Dr. Beely expressed warm approval of this proposal. Dr. Leyden stated that he had seen a jacket put on in a case of tabes, and in one of paralysis spastica, for the purpose of counteracting weakness of the legs. If the disease of the spinal marrow reaches high enough for the muscular system to be affected, it must be of the greatest benefit to immobilize the lower part of the trunk. Dr. Beely thinks that a jacket should be used as a means of preventing vertebral disease.

Peptone.

Dr. Labastide, in the *Gazette des Hôpitaux*, publishes notes of cases showing the good effects of peptone. The first was that of a widow over eighty years of age, of robust constitution, and sanguine temperament; she had hemiplegia on the right side, and partial aphasia following a cerebral effusion which dated more than thirty years back; all the functions were normal. In the spring of 1884 she had another cerebral attack, but the symptoms disappeared under the influence of internal and external derivatives. In 1885, she had a third attack, which lasted longer than the preceding one; paralysis became more pronounced, aphasia more complete, and deglutition more painful, without any local change in the throat. The patient refused all nourishment. When obliged to take food, either solid or liquid, she immediately vomited it. Pure water, sweetened or aerated, was immediately rejected. At the end of six months the patient was extremely feeble. Dr. Labastide then decided to administer peptone. Injections of twenty grammes of "peptone Dufresne," mixed with sixty grammes of boiled milk, were given, broth being occasionally substituted for milk. After twenty days of this regimen, the patient had rallied from her state of prostration; her stomach retained water, and even milk, when taken in small doses at long intervals. Twenty grammes of peptone, mixed with a little tapioca, were then ordered three times a day. After fifty days of this treatment, the patient, though still paralyzed, had recovered her former condition, and had even begun to grow stout. At the end of March, however, she succumbed to a fresh cerebral attack. The second case was that of an infant nine months old, of an extremely feeble constitution. At the cutting of the first tooth symptoms of inflammation of the intestines appeared, together with wasting. Aphthæ of the mouth prevented the child from taking the breast. Dr. Labastide then had recourse to injections of peptone, ten grammes of which were given with twenty grammes of milk, a drop or two of laudanum being occasionally added. The little patient was nourished in this way for two months, and gradually gained strength. At the end of that time it could take peptone, mixed with weak milk taken from its mother, or with tapioca. After five months' treatment, all trace of cachexia had disappeared. The third case was that of a child nine years old, of nervo-lymphatic temperament, and fairly good constitution. It had every symptom of anæmia,

pallor, palpitations, headache, enlarged glands in the neck and elsewhere, and exostoses on both tibiae. No treatment had been of any benefit. Peptone was then administered in doses of one, and, subsequently, two table-spoonfuls. In a few days the tumors on the legs began to disappear, the swelling of the glands diminished, the appetite returned, the little patient recovered his strength and color, and the limbs could be moved without effort. The child no longer suffers from headaches or palpitations, and is now completely cured.

Note on the Cause and Cure of a Form of Backache.

Sir James Sawyer thus writes in the *Lancet*:

Early in the year 1881, in a note which was published in a weekly professional journal, I asked the attention of my brethren to a form of backache which had not, so far as I know, been described before. I desire now to refer to this subject again, and to record that my further experience in practice has confirmed my previous remarks upon the point in question.

Subjective symptoms are always important diagnostic signs, and they are often clear therapeutic indications. Amongst such sensations backache is frequently a leading symptom, and also one which is pressingly dwelt upon by patients. Of backache there are divers forms. Dr. George Johnson, in an able clinical lecture, and Mr. William Squire, in a practical memorandum, have drawn the attention of the profession to many of these. But they have not mentioned a variety of backache in which the cause of the pain is traceable to the condition of the large bowel. I find that some patients complain of pain, aching, dull, and heavy in character, and extending "right across the back." When asked to point out its position, they indicate this by carrying a hand behind the trunk and drawing the extended thumb straight across the back, in a transverse line, about half way between the inferior angles of the scapulae and the renal region. This pain I venture to attribute to a loaded colon; I conclude I have correctly found its proximate cause in fecal accumulation in the large intestine. I have found it disappear after the exhibition of an efficient cathartic. This form of backache is a concomitant of habitual constipation, and is especially significant of the alvine sluggishness of sedentary persons. In such a condition, as I have stated elsewhere, I find aloes, given in combination with iron, to yield the

best results. We owe the valuable suggestion of combining iron with aloes, when aloes is given for laxative purposes, to the late Sir Robert Christison. He showed that the cathartic property of aloes is much increased by its combination with sulphate of iron. Dr. Neligan, Dr. Kent Spender, and Dr. David Bell have confirmed this experience. I prefer Socotrine aloes, and I give of it one, two, or three grains in a pill, combined with a quarter of a grain of sulphate of iron and one grain of extract of hyoscyamus. This pill should be taken every night. We must aim at producing a full alvine evacuation after breakfast. When a saline cathartic is indicated, I usually employ the old-fashioned Rochelle salt. This "goes" well with tea, coffee, or cocoa. One or two teaspoonfuls may be taken at breakfast, dissolved in a large cupful of one of these beverages.

A Case of Fracture through the Base of the Skull.

Dr. D. Jamison thus writes in the *Med. Press* :

I venture to give publicity to the following rough notes of a case of fracture through the base of the skull, as they may perhaps be of some interest as showing the long time during which the cerebro-spinal fluid sometimes continues to flow from the ear in cases where the fracture passes across the internal auditory canal, and is attended with rupture of the membrana tympani.

Some months ago I was called to see a boy who had been knocked down at a race course by a runaway horse. He alighted, I was told, on the side of his head, and was unconscious for some length of time.

A scientific agriculturist who was present suggested phlebotomy, and proceeded to operate by the somewhat unusual and unsanitary method of sucking the patient's nose. After having been aspirated in this infantile manner for some time, the patient became partially conscious, and vomited. He was then put upon a car and driven home, some six miles. It was then I saw him. He was conscious but confused. Pupils unequal; face flushed; pulse quick; vomiting frequently. Vomit contained good deal of blood. Blood was coming from one ear freely, and there was great pain in the head. Ice was applied to his shaven head, and the usual treatment pursued. For the next three days the blood continued to drain away by the ear, and the pain continued in the head. One side of the face was more expressionless than the other, but there was

no loss of power over the obicularis palpebrarum muscle.

He was much troubled by a tickling cough, which was evidently caused by blood passing down the eustachian tube. It was relieved for a time by swallowing.

On the fifth day the blood ceased to come from the ear, but was replaced by a clear limpid fluid, which continued to ooze from the ear for the next nine days. During this time the patient was dull and stupid. He did not like to speak or to be spoken to. Was constipated and ate very little. Objected to light, and complained of loud noises in the head. On the ninth day from the first appearance of the clear discharge it stopped somewhat suddenly. From this on the patient improved rapidly. Two days after it stopped, he wanted to get up, and said he felt quite well, I had great difficulty in persuading him to remain a few days longer in bed. His hearing is dull on the injured side, but otherwise he is quite well.

The Cotton Compress in Orchitis.

In a recent number of the *Revista Argentina de Ciencias Médicas* Señor José M. Escalier gives an account of a very successful method of treating orchitis and epididymitis by means of a cotton compress, which has been for some time in use in Dr. Montes de Oca's wards in the Hospital de Clinicas in Buenos Ayres. The idea was taken from the cotton cap or suspensory bandage of Langlebert. The apparatus is applied as follows: The neck of the scrotum is first secured by a bandage and strapping, the testicles being thus driven downwards. The scrotum is then enveloped in a silk handkerchief, outside which a thick layer of cotton wool is applied, and the whole covered with a gutta-percha cap. Strips of plaster are now passed round in a circular manner, so that the ends can be drawn more or less tightly before being fixed, in order to exert a compressing force on the glands. In the first stage of orchitis, when there is not much epididymitis, the compress arrests the inflammation and brings about resolution rapidly. The cases in which this occurred, however, were but few, as nearly all the patients who presented themselves at the hospital had passed that stage. In some cases of acute orchitis very moderate compression was resorted to with success, but of course the pain was very great and the patients did not bear it well. In these cases the best treatment was found to consist in making a number of

punctures to give exit to the liquid in the tunica vaginalis, together with some blood, then to surround the scrotum with ice, and to give a purgative. After this treatment has reduced the inflammation, the cotton compress can be applied with advantage. With practice the degree of tension required in each case can be adjusted to a nicety, and in twenty-four hours the swelling will generally have diminished so much that it is necessary to reapply the compress. After two or three of these reapplications, the testes return to their normal size, and a slight induration of the epididymis is all that remains. The cure is usually complete in a week, or even less. The cotton compress has been used in more than a hundred cases, and is, according to the writer, far more satisfactory than any of the ordinary methods of treatment. Even in chronic cases it is astonishing to see the rapid effect that it produces. It has also been successfully employed after tapping hydroceles.

Absorption of Fat in Acute Intestinal Catarrh.

Dr. Viazhlinski, who has been working in Professor Ivanovski's laboratory of pathological anatomy in St. Petersburg, has published an interesting paper on the question of the absorption of fat in acute catarrh of the small intestine. The literature which he first alludes to comprises more than ninety papers, etc., including those published by Goodsir Schäfer, and Watney in this country. His own observations were conducted by inducing acute intestinal catarrh in animals by means of irritant drugs, and then feeding them with milk or other fat-containing food, after which the animal was killed and the intestinal villi examined with the help of osmic acid, which he found the most satisfactory agent for making the preparations. The drugs used were colchicin and croton oil. Several animals (cats and dogs) died, so the quantity of colchicin was reduced from one-thirtieth to one-sixtieth or one-hundredth of a grain, which produced choleraic stools. Croton oil was given in repeated doses of five or six drops, producing diarrhoea with exhaustion. When the animals presented, besides diarrhoea, an inflated abdomen, constant borborygni, and a considerable degree of exhaustion, an acute catarrh of the small intestine was considered to have been established, and the fatty food was administered. The microscopic observations showed that in catarrhal conditions, as well as in health, the fatty particles are ab-

sorbed by their inclusion within round or amoeboid cells—i. e., leucocytes—the difference in the diseased state being merely a quantitative one. No evidence could be obtained of any part being taken by the epithelial cells in the absorption of fat.

A New Treatment of Gonorrhœa.

The *Boston Med. and Surg. Jour.* says that Castellan, of St. Mandrier Hospital, starting with the view, now popularly entertained, that gonorrhœal urethritis is a parasitic disease, and being led by observation to believe that the microbe can only live in an acid medium; finding, moreover, that in this disease the discharge is, as a rule, acid, proposes to treat gonorrhœa in the acute stages by urethral injections of sodic bicarbonate; three or four injections being made daily of a one per cent. solution. For this treatment, which is but a logical inference from the premises, he claims remarkable success, although the cases on which it has been tried in St. Mandrier, as yet, number only a dozen. The injections of bicarbonate of soda are commenced as soon as the discharge appears, or the patient comes under observation; the urethral secretion is tested every day with litmus paper, and the injection is kept up till the discharge becomes alkaline or neutral. For internal treatment the patient is given flax-seed tea, with occasional doses of bromide, if there seems to be any indication for the sedative effects of this salt. His conclusions are as follows:

1. The urethral pus in the first stages of the disease is generally, if not invariably, acid; this acidity is quite pronounced.
2. The treatment by bicarbonate of soda rapidly lessens the discharge; it also rapidly diminishes or removes the pain in micturition.
3. In old urethrites, and in those which have been treated by the usual injections, it speedily brings about a cure.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT LITERATURE.

—*Godey's Lady's Book and Magazine* appears fresh for the year with improved cuts, attractive stories, complete fashion plates and news, and all the other features requisite to make it a thoroughly popular home magazine. Address *Godey's Lady's Book*, Philadelphia, for circular, etc.

BOOK NOTICES.

A Manual of Operative Surgery. By Joseph D. Bryant, M. D., etc. Contains about 800 illustrations. Cloth; 8vo., pp. 530.

To the many treatises on surgery which have recently appeared we have here added another by the professor of that branch in the Bellevue Hospital Medical College, New York city. As we might expect, coming from his pen, it is an admirably arranged production, and the facts set forth in lucid and excellent English. The illustrations are numerous and of superior finish, while the manufacture of the book leaves nothing to be desired.

The author aims to cover the ground of ordinary surgery, not including, however, that of the eye and ear and that appertaining to diseases of women. The operations he illustrates are those most approved by modern experience, and he gives ample information about after-treatment, bringing into strong light the value of the antiseptic plan.

A careful index completes the volume, and we are glad to commend the whole as a work of the highest utility.

A Text-Book of Medicine. By Dr. Adolf Strümpel. Translated by H. F. Vickery, M. D., and P. C. Knapp, M. D., with Notes by F. C. Shattuck, M. D. 8vo. cloth. Pp. 981. New York. D. Appleton & Co., 1887.

Dr. Strümpel, who has for some time been connected with the University of Leipsic, has endeavored in this volume to present an account especially of the current clinical knowledge of internal diseases. In Germany his production achieved prompt success, and three editions have been called for in as many years. Certainly his volume is much more practical, much more useful to the physician as a practitioner, than most of the German treatises on medicine. It, nevertheless, indicates the general tendency of German teaching to overlook the value of treatment as compared with pathology—a view which is acknowledged, and we regret to add condoned, by the editor, Dr. Shattuck, in his preface.

His descriptions of diseases are vivid, and evidently drawn from close personal study. He is strongest in the domain of diseases of the nervous system, where the general practitioner particularly needs a firm guiding hand. But we have also been well satisfied in reading what he says of cardiac diseases, and consider that he deserves commendation throughout for terseness and clearness.

The translation appears to be accurate, and is at any rate good English, which is saying a great deal for most translations from the German. No doubt the work in its present shape will have a favorable welcome in the United States.

The Science and Art of Obstetrics. By Theophilus Parvin, M. D., LL. D., etc. Illustrated; 8vo.; sheep; pp. 701. Philadelphia, Lea Brothers & Co., 1886.

This treatise, by the professor of the branch in the Jefferson Medical College, has been the result of years of careful study directed to the presentation of the subject in the most complete manner consistent with the limits of a manual of instruction. Dr. Parvin's well-known literary ability gives him unusual advantages for precisely such an undertaking; and he is to be congratulated on the success with which he has accomplished it.

The plan of the work is as follows: After a brief introduction, he describes the anatomy and physiology of the female sexual organs, and the characteristics of puberty, ovulation and menstruation. Two hundred and twenty-five pages are next devoted to pregnancy, its physiology and symptoms, its pathology and medical management, and the life and maladies of the fœtus in utero. Labor proper comes in for about an equal share of attention, during which its normal and anomalous progress is discussed, and its various complications set forth. The puerperal state is treated separately, first as regards its physiology and management, and then the treatment of its pathological phases. The volume closes with a series of chapters on obstetric operations, where the various instruments are depicted and their use described.

It will be conceded that this is a perspicuous disposition of the theme, and its details are brought out with no less literary skill than scientific precision.

An Epitome of the Newer Materia Medica, Standard Medicinal Products, and Fine Pharmaceutical Specialties, introduced and manufactured by Parke, Davis & Co., to which is added a complete property and dose list of all the fluid, solid and powdered extracts, German tinctures, normal liquids and concentrations, prepared by them. 8vo., pp. 76; fourth edition. Parke, Davis & Co., Detroit, Mich.

The purpose and scope of the above work are so fully set forth in the title-page that we have only to add that a paper-bound copy will be mailed, without charge, to any physician applying for the same.

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THE PUBLICATION OF EXTENSIVE MEDICAL WORKS.

While in most business enterprises our merchant is far ahead of his European brother, in some branches we can learn from our confrères on the other side of the Atlantic. To a great extent the latter remark is true in its application to the trade with medical books.

It was on the continent of Europe that they first conceived and executed the idea of combining a large number of more or less eminent medical men in the publication of some extensive medical work. Thus the various cyclopædias had their origin, and undoubtedly also their usefulness. Medical sciences have progressed so rapidly during the last thirty years that about ten or fifteen years ago there was a general desire amongst all physicians to have some comprehensive work, written by eminent authors, that could give them a general understanding of all the immense progress made all over the vast field of medicine.

Ziemssen's work and similar great cyclopædias in Europe thus arose and answered their purpose. We also published here a similar work, which found its justification in the well-recognized fact that medical practice in our country differs in more than one important detail from that of our cousins and more remote relations across the ocean. There being a necessity for it, naturally a market offered, and all the works mentioned had a well merited success.

But we are glad to find in an editorial of the *Allg. Med. Zeitsch.*, one of the oldest and best informed medical journals on the continent of Europe, a remark which proves to us that an idea we had conceived long since is being recognized as the true one all over Europe. "The time for cyclopædias and other extensive works and journals, archives, etc., has gone by, and another period has arrived, in which the demand is mainly for not extensive monographs on special subjects by writers eminently fit to speak on on their subject, and a period in which the medical journal again assumes its accustomed place."

These words indicate plainly the spirit of the times. Perhaps for the next twenty or thirty years we do not need any cyclopædias or extensive archives: what we want to know are the thorough investigations and the results of the ripe experience of the specialists. These are demanded by the general physician, and not in the form of exhaustive works containing a great deal already known, but in the shape of smaller volumes, which

simply speak of their subject, and not of everything that had any connection with the same during the last 2,000 years. Meanwhile the medical journal again receives the accustomed supply of the real news all over the world, and it more than authors can do, instructs the general physician and specialist in what their confrères all over the world have done.

Years hence, the meanwhile greatly accumulated material may have to be sifted once more, and the necessity may once more arise for cyclopædias; but publishers, who value their pocket-books, should no longer engage in such enterprises, but try to bring into the market the experience of the few instead of publishing the half-knowledge of many. Everything can be overdone, and whoever adopts last an idea already forsaken by others as antiquated, will have to blame only himself for the loss sustained.

Probably one other reason for the demand of smaller works on special subjects is the fact, that the field of medicine has become so great, that most care only to be experts in what they thoroughly understand. They either do not desire to read anything else, or they prefer to have everything not connected with their specialty in such a concise form, that they can readily get at it when needed. Every general practitioner is more experienced in some branches than in others; he studies mainly his favorite ones, but when he has occasion to treat a case with which he may not be so thoroughly acquainted, he must be able to obtain the knowledge he looks for, without being forced to digest a lot of material foreign to his taste. Publishers will do well to make a note of these facts.

LEAD IN PRESERVED FRUIT AND VEGETABLES.

We generally assume that there is no danger in canned goods, as they are kept in vessels made only of tin, which, as its ingredients are not soluble in the canned material, is generally considered an innocuous material. If nothing else were present, it would be all right, but most persons forget the lead which forms one of the ingredients of the metal used for soldering the can. This solder always contains more or less lead, and as the investigations of Dr. Rjaeltschevski, in Petersburg (Russ., Dec. 10, 1886, *Wratch*), have proved, this percentage varies from 59 to 69! Lead is one of the most soluble substances known—water, to which the least amount of organic substance has been added,

even dissolving it. But the moment the fluid coming in contact with the solder contains the least percentage of organic—vegetable or animal—matter (and all canned goods consist of such), the lead in the solder is at once dissolved, at least partly, and the degree of colicky pains, if nothing worse results, will testify to the percentage of lead dissolved.

There is no doubt that obscure abdominal pains, gastric and intestinal troubles, and similar digestive disturbances, have become more frequent since the introduction of canned goods than they formerly used to be. Some method should be invented by which the solder is either prevented from coming in contact with the contents of the can, or the latter should be sealed with some substance not containing lead.

NOTES AND COMMENTS.

Tannin in Tuberculosis.

At a recent meeting of the Biological Society of Paris, M. Arthaud made a communication respecting his researches, in conjunction with M. Raymond, on the etiology and treatment of tubercular affections. Three substances had given satisfactory results: (1) Sulphide of carbon, (2) iodoform, (3) tannin. Experiments were made on rabbits, which were submitted to the action of these substances and examined at the end of a month, in order to ascertain whether they could be inoculated with tubercle. No very decided result followed the use of iodoform, or sulphide of carbon, probably owing to the method employed for introducing those substances into the organism; with tannin, however, the results were very remarkable. Six rabbits were treated for a month with doses of tannin, varying from 50 centigrammes to 1 gramme; after two successive inoculations, one, with lung-tissue from a patient who had died of acute tuberculosis; the other with miliary tubercle from a hospital patient, no trace of infection was observed, whilst three other rabbits, to which tannin had not been given, succumbed in consequence of inoculations with the same material. These experiments suggested a mode of treatment which has been adopted with excellent results in over fifty cases. Tannin was given in doses of from two to four grammes a day, and the improvement was visible at the end of a fortnight, the patients had increased in weight, and no relapse occurred. In cases of acute tuberculosis, both in children and

adults, it sometimes happens that the symptoms appear less favorable; but, at the end of a week or a fortnight, the patient's condition improves, even when fatal results have been feared. From these experiments the following conclusions may be drawn: (1) That tannin is preferable to sulphide of carbon or iodoform in the treatment of tuberculosis; (2) that animals submitted to this treatment for a month offer great resistance to the action of tubercular virus.

Erysipelas of the Upper Air Passages.

Dr. Wm. Porter calls attention to this subject, which he is convinced is an important one, in the *New England Med. Monthly*:

As found in erysipelas elsewhere, the migratory tendency of the disease in the air passages is worthy of note. Sometimes beginning externally, it extends from the nose, mouth, or ears, along the mucous tracts into the pharynx; or beginning in the pharynx, it may wander into the larynx, or from the larynx there may be extension into the lungs. This tendency and the constitutional symptoms which resemble those of erysipelas, serve to distinguish it from ordinary acute pharyngitis and laryngitis.

In the treatment of erysipelas of the upper air passages, and especially of the larynx, in addition to what is indicated in the disease as occurring elsewhere, we must be on our guard against a fatal result from dyspnoea. Insufflations of morphia and starch, with free use of ice, and bromide of potassium internally is commended by Dr. MacKenzie. Dr. Love, of St. Louis, strongly favors the internal use of pilocarpine in erysipelas, on account of its stimulating the functions of elimination, and this is endorsed by Cohen. Rohé has used mild alkaline sprays with a little alcohol with good effect. From the effects of cocaine in reducing and quieting the swollen mucous membrane under other circumstances, he believes it would be efficacious in this condition.

The general treatment of erysipelas need not be commented upon here.

Operative interference may be demanded, scarification first, and all else failing, tracheotomy, if only for present relief. The new procedure, intubation, is even better indicated than tracheotomy, in that it leaves no open wound.

Toxic Effects after Sulphate of Duboisin.

Before an English medical society, Dr. Chadwick described a case where one-hun-

dredth of a grain of duboisin was used for examination of the lens in a case of senile cataract. The patient was aged 75, and it was suggested that advancing years gradually increased the susceptibility, until it reached its climax in extreme age. The similarity to the symptoms included under the vague term "softening of the brain," suggested the thought whether marked susceptibility in age betrayed a pathological condition of brain-substance liable to result in symptoms of cerebral degeneration and atrophy. The drug would appear to be indicated in cases of morphia poisoning; its use in ophthalmic practice could scarcely be upheld. The similarity between these toxic effects and the condition seen in cases of acute alcoholism and the post epileptic state did not appear to extend to acts of violence.

Dr. Major said the symptoms closely resembled those he had witnessed in a medical friend who for experimental purposes took a large dose of hyoscyamin, being characterized by strange antics and curious unreasonableness. He attributed much of the effect to delusions of vision.

Mr. Hartley had seen toxic effects resembling atropinism in four cases, but the drug was still used by Mr. Teale and himself, though in very weak solution. In one case he had seen great pallor, with sickness and vertigo, and unsettled mental condition.

Dr. Heller referred to Dr. Wood's experience of Indian hemp, as resembling in some sort the cases narrated.

Mr. Jessop had noted a case where delusions of vision in a blind woman were removed by a single dose of hyoscyamin.

Dr. Griffith said hyoscyamin had proved useful in surgical cases in the Leeds Infirmary, when there was delirium with insomnia after operations.

Mr. G. Carter related a case where a nightly dose of hyoscyamin given in a case of acute mania produced temporary blindness.

The Immediate Cause of Death in Malignant Cases of Fever.

Dr. C. H. Willey, in reading this paper, before an English medical society, said that the cases under consideration were those of scarlet fever and small-pox in which unconsciousness and death ensued at an extremely early stage. The pathology of this condition had not been explained. The conclusions to which Dr. Willey had arrived were based on clinical observations and post-mortem examinations in twenty-five of these malignant cases. The chief factors in the

investigation appeared to him to be that the fatal symptoms were, in each case, those of a rapidly failing circulation, and that, after death, the heart-chambers, especially the right, were completely filled with white, jelly-like clot, which was, he said, clearly of ante-mortem formation. The failure of the circulation (particularly in small-pox cases) ensues with great suddenness, and the question arose, Was this failure or the thrombosis the primary condition? Evidence from the main symptoms, and from such invariably accompanying ones as pulmonary oedema and copious diarrhoea, Dr. Willey said, goes to show that a failure of the circulation is the primary cause of death, and, further, that not only is the heart paralyzed, but the entire arterial system—in fact, a total collapse of blood-pressure throughout the vascular system is brought about with more or less suddenness by a functional failure of the sympathetic nervous system, governing, as it does, the cardio-motor and vaso-motor functions. The pulmonary oedema and the profuse intestinal flux are due to the same cause; they are undoubtedly associated with a greatly diminished blood-tension in the arterial system.

Reported Cure for Leprosy.

Under this heading, the *St. James's Gazette*, of December 17, quotes a portion of a letter from Father Damian, of the Molokai Leper Settlement, to a German publication, in which he shortly refers to and extols the wonderful effects of a treatment carried out at the Kakaako Leper Hospital by Dr. M. Goto, of Japan, who was invited over by the king. The treatment referred to is similar to that long carried out by Dr. S. Goto, of the Kihai Hospital, Tokio, Japan. It is hygienic, dietetic, and medical. Strong patients are bathed thrice daily, and weaker ones twice daily, in warm fresh water at 90° to 100° F., into which has been placed an infusion of a few ounces of Hichiyou bark (*Æsculus turbinata*), together with certain proportions of Taifuushi, sulphur, and other ingredients. The patients are fed generously, but not excessively, thrice daily, on rice, milk, beef, mutton, chicken, eggs, good strong broth, boiled taro, vegetables, and fruit; but sour poi and also raw fish, when used with the usual native condiments, are forbidden. The medical treatment "varies according to the condition of the patient and the stage and character of the disease." The two chief medicines used are, in all cases, Seiket-su-ien as pills and in large doses (? the bark

of the Hoang-nan tree with realgar and alum), and yoku-yaku for baths. Dr. Goto also employs tincture of the perchloride of iron, sulphate of quinine, iodide of potassium, vegetable tonics and bitters, and the carbonate of soda and potassium, especially the alkaline salts. Under this treatment he reports, under date of April 20, 1886, five cases as "almost cured," nineteen as "improving," and seventeen as "relieved."

Syphiloma of Heart.

Before the Pathological Society of London, Dr. Pasteur read a paper on a case of diffuse syphiloma of the heart. The dead body of a woman, aged about thirty, was brought to the Middlesex Hospital. At the necropsy the heart was the only organ obviously diseased. The wall of the left ventricle and the septum ventriculorum were thickly studded with opaque, yellowish-grey patches of varying size. The endocardium was implicated in several places. There was a similar, but less extensive, affection of the right ventricle. Altogether at least one-half of the left ventricle and of the septum were diseased. Microscopical examination showed the morbid process to consist in an actively infiltrating corpuscular growth, very vascular near its spreading margin. Some of the vessels showed well-marked periarteritis. The central portions of the disease showed an early degree of degenerative change. There were no signs of fibrillation or fibrosis. The invaded muscular tissue underwent gradual atrophy without exhibiting degenerative changes. The liver was slightly enlarged, and its capsule normal. Sections showed areas of diffuse interstitial cirrhosis in a very early stage, in addition to slight general fatty change. Dr. Pasteur argued in favor of a syphilitic origin on account of the similarity of the change in the two organs, the anatomical characters of the new formation, and the fact that both the ventricles were affected.

Preventive Medicine.

Dr. C. R. Illingworth thus writes in the *Med. Press*:

One of our great aims as physicians is to prevent disease; another is to cut short its course when developed. Our power in these directions finds full scope amongst that class of disorders now generally recognized as depending upon the reception, growth, and development in the tissues, of micro-organic life in one shape or another. By the continual suppression of the growth and devel-

opment of these forms of cell-life, we may, indeed, hope at length to erase the names of the diseases they cause from the category of those "ills that flesh is heir to." The diseases I refer to are scarlet fever, diphtheria, measles, whooping-cough, rheumatic fever, chicken-pox, small-pox, syphilis, hydrophobia, yellow fever, *et hoc genus omne*.

The germicide remedy I have found to answer as a specific and prophylactic in such diseases is the biniodide of mercury given in solution of potassic iodide. In all cases of scarlatina or measles occurring in one member of a family, I put the rest upon preventive medicine. Thus, for children I prescribe as follows: Bichloride of mercury covered by, ʒiiss ; iodide of potassium, ʒj ; ammonio-citrate of iron, ʒj ; syrup, ʒiiss ; water to eight ounces. One or two teaspoonfuls to be given three times a day.

Fœtal Abnormality.

Before the Midland (England) Medical Society Mr. A. F. Hawkins showed an eight months' fœtus which presented the following abnormalities: The umbilical cord was $2\frac{1}{2}$ inches long; there was ectopia abdominalis, the lining of the bladder being covered by a mass of meconium. The intestines opened into the left upper corner of the bladder, there being no distinction between the large and small gut; the penis was undeveloped, imperfect, and above the pubic arch, the latter being incomplete, and the two halves joined by a ligamentous band. The scrotum was divided, the right testicle lying loose in the abdominal cavity, with a stalk about an inch long; the left testicle was in front of the left kidney under the peritoneum. At the back a large cyst extended from the angles of the scapulæ above to the buttocks below; it was in the median line, about the size of a tennis-ball, and was lined by a smooth vascular membrane. It contained a perfectly clear, limpid fluid; no nerves were stretched across it. In the anterior portion were two depressions, one the size of a crow-quill, $\frac{1}{4}$ inch in depth and apparently blind; the other, which was higher, was an opening with circular and well-defined edges $\frac{1}{4}$ of an inch in diameter; a probe could be passed through this upwards into the vertebral column. Both feet were clubbed; the hands normal.

Points in the Treatment of Gonorrhœa.

It will be well to paste the following recommendations of Dr. Otis in your hat,

that you may have them always handy for reference:

1. Fully explain to the patient the inefficiency of popular remedies, and the dangers attending their use.

2. Secure absolute personal cleanliness, thereby preventing infection of other parts, and insist upon as nearly perfect rest in bed as the exigencies of the case will permit.

3. Soak the penis frequently in water as hot as can be borne, but more especially during the act of micturition.

4. Recommend milk as a diet, and prescribe alkaline diuretics and mineral waters as internal medication.

5. Secure absolute freedom from sexual intercourse and from thoughts associated therewith.

Perfect faith in, and obedience to, these simple formulæ he insists will insure a successful ending of all uncomplicated cases before the beginning of the seventh week.

The Treatment of Pleurisy with Effusion by Hay's Method.

Professor William Osler, in a clinical lecture, reported in the *Medical News*, calls especial attention to the treatment of pleural effusions, as well as general dropsies—renal or cardiac—according to the method of Professor Matthew Hay, of Aberdeen.

The method consists in giving a concentrated solution of a saline cathartic, at a time when there is very little fluid in the intestines, thus causing a rapid concentration of the blood, owing to the abstraction of water to form the intestinal secretion excited by the salt. Professor Osler orders the patient to take nothing after the evening meal, and then, an hour before breakfast, administers 4 to 6 drams of magnesium sulphate, in 1 ounce of water. The patient must not drink after it. This will usually produce from four to eight watery stools, without pain or discomfort. Attention is also called to another point, namely, that the salt also acts as a diuretic.

An Artificial Ramus and Condyle.

Dr. Cunningham, at a recent meeting of the Odontological Society of Great Britain, showed a very ingenious apparatus, invented by Herr Rosenthal, which was designed to meet the following difficulty: The ramus and condyle of the lower jaw having been removed for a sarcoma, it was subsequently found that the other side became dislocated, and, after reduction, for which an anæsthetic

was required, slipped out again immediately. Gold bands were fitted accurately to the last molar of each jaw on the side where the bone had been removed, to the upper of which a thick slightly curved wire was soldered. This wire fitted loosely into a tube soldered to the band round the lower tooth, and the bands themselves were fixed to the teeth by screws tapped into them. The apparatus antirely prevents the dislocation, and although there is no lateral movement the patient can eat fairly well.

The Use of Cocaine in Coryza.

Dr. Amory Chapin writes to the *Medical Record*:

"I desire to attest the beneficial results of cocaine in acute coryza. I have used the cocaine solution on a number of patients with throat and nose disease who have been and are subject to 'cold in the head,' and have prescribed for their own use the four per cent. solution of cocaine whenever they were troubled with the disagreeable affliction, and it has been almost universally successful, often aborting the disease. I have found the combination of 'Dobell's Solution' with the cocaine work better even than the cocaine alone. I advise the use of the combination solution in an atomizer (hand bulb), and recommend that the solution be warmed to an agreeable temperature before being used in spraying the nares."

Epithelioma of the Lip Removed by the Aid of Cocaine.

A man came to Mr. Johnstone Harris (*Lancet*, January 1,) with a growth on his lower lip. It had been there for some time, but within the last month had rapidly increased in size. On examination he found it to be an epithelioma, and decided to remove it. The man objected to the administration of chloroform; so he injected on either side of the growth a four per cent. solution of cocaine, and dusted the mucous membrane of the lip with hydrochlorate. After waiting ten minutes he removed the growth, and such was the good effect of the cocaine that he was enabled to take time and perform the operation with great exactness. The man expressed himself as feeling no pain, and the after progress was excellent.

Agaric in the Sweating of Phthisis.

Dr. A. Peter writes to the *Medical News* that he has used it in five cases with the

greatest success. In the first place he prescribed the powder in ten-grain doses at bedtime. Owing to its cathartic effect, he reduced the dose to five grains. Continuing this for a week, all sweating ceased. He now, in this case, only uses it when a slight moisture of the skin during the night warns the patient that he may be going to have a return of the sweat. In one case he had to repeat a five-grain dose every two hours, three times one night; no cathartic effect resulted. He calls attention to this remedy because when he first ordered it he found great difficulty in obtaining the smallest quantity, either of the powder, the alkaloid, or the fluid extract. The remedy, while so effectual in controlling the sweating, did not help the cough or produce drowsiness.

Treatment of Urethral Caruncle.

Dr. Percy Boulton recommends an inquirer in the *Brit. Med. Jour.* to paint the urethral caruncle and urethra surrounding it with a ten per cent. solution of cocaine. In five minutes he can snip off the caruncle with a pair of slightly curved scissors. If he holds the caruncle with anything to draw it forward, he should use dressing forceps rather broader than usual at the points, as these growths tear easily and bleed profusely. The bleeding can be stopped at once by the application of Paquelin's cautery, and, in many cases, pressure of the urethra against the pubes by means of a plug of wool in the vaginal orifice is quite sufficient. The operation, performed in this way, is exceedingly simple, effectual, and painless.

Toothache Drops.

The *American Journal of Pharmacy* gives the following:

Dissolve mastic 8 parts in chloroform 14 parts, and add balsam of Peru 5 parts. A few drops upon a little cotton are to be introduced into the cavity of the tooth.

Liquefy camphor and chloral hydrate, of each 5 parts, and add cocaine 1 part. A pellet of cotton soaked in this liquid and introduced into the cavity of the aching tooth is said to afford complete and lasting relief.

Elephantiasis.

Before an English medical society, Mr. Atkin showed a case of elephantiasis arabum. The patient, a woman, aged thirty-three, was a native of Perth, and had the disease as long as she can remember. It

was localized to the right leg, and there was no history of syphilis, malaria, chyluria, or swollen glands. Attention was drawn to the fact that the most successful treatment of the disease could not be explained by the generally-accepted view of its pathology. The only remedy from which the woman had derived comfort was iodoform in the form of ointment. Powders and lotions caused great irritation. In case the leg got worse, Mr. Atkin proposed to tie the external iliac.

Oil of Gaultheria in Rheumatism.

Dr. D. H. Luke has excellent results from its use, which he reports in the *College and Clinical Record*. The dose should be from ten to twenty minims every two or three hours, according to tolerance. He failed to notice in any of the cases under his observation the depressing effects so often produced by large doses of salicylic acid. It is true the oil caused some nausea and gastro-intestinal irritation, but these only after the more important symptoms of the disease had subsided.

Chloride of Gold and Sodium.

It may be well to know that when the chloride of gold and sodium cannot be obtained from the usual sources, it may be procured from photographers, who use it in finishing processes for certain portions of their work. Prof. Bartholow continues to advocate and claim for this remedy the efficacy of its use in the various scleroses. Especially is he most positive in his assertions as to its benefit in interstitial nephritis after the acute symptoms have subsided.

Fomentation Bag.

Before the Glasgow Obstetrical Society, Dr. Sloan exhibited an India-rubber bag with an afferent and efferent tube, whereby uterine and vaginal fomentation might be maintained during pleasure. He said the invention was due to Alexander Robertson, one of the physicians to the Royal Infirmary. Water from 110° to 115° could be used, and for as long as half an hour at a time. The effect was found to be very grateful in inflamed conditions.

Scriveners' Palsy.

A case of scriveners' palsy, says the *College and Clinical Record*, was recently treated by Prof. Da Costa in the following manner:

Put the hand at rest by splint, and every second or third day use alternate douches of hot and cold water. Begin the injection of one eightieth grain of strychnine every second day, and gradually increase to one-fiftieth, into the affected parts.

Chorea.

The *College and Clinical Record* tells us that Prof. Da Costa continues to derive good results by the administration of hyoscyamine in cases of chorea which have resisted other treatment. In a recent case, a child aged five years, it was given in $\frac{1}{360}$ grain doses, ter die, to be increased.

CORRESPONDENCE.

FELONS.

EDS. MED. AND SURG. REPORTER:

I noticed in the REPORTER some time ago a remedy for felons, recommended by Dr. W. H. Halbert, which, though possibly effective, is too complicated, and takes too long. It consists of salt and oil of turpentine, and must be continued several days to effect a cure. If Dr. H., or any one else, should have a felon to treat, I would advise him—somewhat after the style of the old English recipe for cooking a hare, "First catch your hare"—first diagnose your felon, then apply a fly-blisters the size of a nickel, allow it to remain twenty-four hours, and that will end your felon.

You need no isinglass plaster or surgeon's silk, or wrapping of any kind except a rag or something to keep to keep the blister to its place. The fluid remaining after the blister is removed will soon be absorbed, the pain will be gone, and the felon, or the finger rather, will soon be well.

In this connection I will state that the most effective remedy I ever used for corns, bunions, etc., is a mixture of equal parts of tincture of iodine and castor oil. Moisten the corn or bunion with it two or three times a day, and if it does not cure, it will give relief for a long time, until ill-fitting shoes bring on trouble again.

WM. F. MITCHELL, M. D.

Addison, Pa., Jan. 10, 1887.

Rubber Goods.

EDS. MED. AND SURG. REPORTER:

In the REPORTER of November 25, 1886, I was pleased with the information of Mr. Bailey and Dr. Chenery, although it is not

very gratifying to learn that we have no American manufacturers of rubber goods who make a reliable article for those who need it most.

On two occasions I have been obliged to resort to my Field tourniquet, as both the bandage and tourniquet of Esmarch broke in several pieces when I attempted to use them. Such accidents are embarrassing to the surgeon, and there ought to be a means of remedying the defective rubber goods, or the making of a better and more reliable article. Why can we not have a manufacturer of rubber goods for the medical profession with a reputation like Tiemann for instruments or like Squibb for medicines? We are willing to *pay* for a reliable article. Why do the manufacturers give us a poor one?

W. N. SHERMAN, M. D.

Holbrook, Arizona.

NEWS AND MISCELLANY.

How He Got Rid of His Room-mate.

An exchange tells the following good story:

A Frenchman had been assigned to a very comfortable room, and was about to disrobe, when there came a knock at the door. Upon opening it the announcement was made by an attendant that, owing to an unusual arrival of guests, etc., the proprietor would be obliged to put another gentleman into the room, and a cockney Englishman appeared. The Frenchman was disgusted, of course, and at once set his wits at work to devise means to oust the intruder upon his comfort. Pretty soon the Englishman touched the call-button, and, when the summons was answered, said:

"Portah, bring me a pair of large, clean towels."

The door had hardly closed, when the Frenchman touched the button, and upon the boy's appearance said:

"Garcon, bring me two pair large, clean towel."

The other frowned, performed his ablutions, followed by the Frenchman, when he again touched the button.

"Portah, send me up a bottle of Bass ale."

The Frenchman followed suit at once, demanding "two bottel Bass ale." The Englishman was now annoyed, but he held his peace, and, a little later, made another call upon the porter, which was immediately double-duplicated by the Frenchman. Then he began to lose his temper, and after a

fourth demand and another—to him—insult from the Frenchman, he struck the button so violently that the porter appeared again in hot haste.

"Boy," said he, angrily, "go to the proprietor at once, and tell him I must have a bed in a room by myself, where I can rest in peace."

The boy had hardly reached the stairs when the Frenchman called him back, and, gesticulating wildly, made known his wants as follows:

"Garcon, garcon, vill you tell ze proprietaire to come here ver quick? By gar, I moost hav two bed in two room, vere I can rest myself in two pieces."

That settled the Englishman, and his tormentor had the room to himself without further trouble.

Goitre and Cretinism in Peru.

An interesting paper on Goitre and Cretinism in Peru was recently read to the "Union Fernandina," a Lima medical society, by Señor Antonio Loreña, who seems well acquainted with the European literature of the subject and the various theories which have been proposed to account for the endemic origin of these affections. He himself believes that no one of the suggested causes is alone sufficient to induce them, but that a most important factor in their etiology is a purely vegetable diet. He gives a detailed description of the valley of the Vilcamayo, in part of which goitre and cretinism are abundant, while in other parts they are absent, or nearly so, the general conditions remaining the same, with the exception of greater civilization and admixture of animal diet in the localities where goitre is absent. In some places, where forty years ago goitre was common enough, it has now nearly disappeared, the more intelligent inhabitants themselves attributing the change to the improved diet of the people. The author thinks the best prophylactic measures consist in opening up the valleys where goitre and cretinism is rife by means of roads, and stimulating the commerce of the district, which will lead to the peasants obtaining a more varied and palatable diet than the maize, which is now their sole article of food. Humboldt was, according to Señor Loreña, misinformed when he was told that goitre was unknown in South America before the eighteenth century, for there are preserved in many private museums wax figures with immense goitres dating from the times of the Incas, and there is now no doubt that goitre

and cretinism existed during the empires of the Incas and Siris just as they do at the present time.

Thirty-eighth Annual Meeting, American Medical Association.

Section of Obstetrics and Diseases of Women.

The following papers are announced for the June meeting in Chicago:

J. E. Kelly, New York, "Lithiasis in Pregnancy."

Charles Meigs Wilson, Philadelphia, "The Technique of Ovariectomy."

Hiram Corson, Plymouth Meeting, Pa., "The Treatment of Abortion."

Wm. T. Taylor, Philadelphia, "Eclampsia."

W. S. Caldwell, Freeport, Ill., "Intra-uterine Therapeutics."

Geo. F. French, Minneapolis, Minn., "The Chief Source of Danger from the Use of the Uterine Sound."

B. E. Hadra, Austin, Texas, "Hysteria and the Ovaries."

The following gentlemen have signified their intention of contributing papers, but have not yet announced the topics: W. M. McPheeters, St. Louis, Mo.; A. McLaren, St. Paul, Minn.; John M. Keating, Philadelphia, Pa.; W. H. Wathen, Louisville, Ky.; W. H. H. Githens, Philadelphia, Pa.; Howard A. Kelly, Philadelphia, Pa.; W. P. Manton, Detroit, Mich.; A. H. Halberstadt, Pottsville, Pa.

F. M. JOHNSON, M. D., *Ch'n.*
Kansas City, Mo.

W. W. JAGGARD, M. D., *Sec'y.*,
2330 Indiana Ave., Chicago.

Antimony Poisoning During Pregnancy.

A case of attempted poisoning by antimony has recently occupied the courts in New Zealand. The criminal was a man named Hall, of good position; he was married last year, and shortly afterwards he insured his wife's life for a sum of money sufficiently large to free him from all difficulties. The time he selected to give Mrs. Hall poison was when she gave birth to a child, and he seemed to have had little fear of detection. He openly bought books on poisons from booksellers in Tamaru, and quantities of antimony and colchicum from the druggists. Dr. McIntyre, who attended Mrs. Hall during her confinement, was at first puzzled by her symptoms, but very soon came to the conclusion that she was being poisoned. He consulted with other medical

men, and the result was that he laid an information which led to Hall's arrest, evidently just in time to save the wife's life. With Hall was arrested a Miss Houston, who lived with the family as lady-companion or lady-help. Hall was found guilty, and was sentenced to penal servitude for life. Miss Houston was acquitted, and declared by the jury, in the customary phrase, "to leave the court without a stain on her character." Dr. McIntyre, who laid the information, has won universal praise for the courage and promptness with which he undertook a terrible responsibility, and prevented the completion of a hideous crime. Some months before the arrest of Hall, his father-in-law, Captain Cain, died; but no suspicion was excited at the time. Later events, however, led to the exhumation of the body, which was found to contain antimony in large quantities.

If the Dog Howls the Patient Must Die.

In one of our neighboring cities, one of the physicians was called out into the country to see a sick girl. He prescribed, and the medicine was gotten, but the patient got worse, and in a few days died. The doctor now found out that they had not given her the medicine; that which he prescribed on Tuesday was given on the following Sunday. When he asked the reason why his directions had not been followed and the medicines given, the farmer said: "Doctor, I thought it would be of no use to give her the medicine; our dog howled so nights that I knew she would die."

The man was ignorant enough to believe in the old superstition, that if somebody is sick and the dog howls near the house, nights, the patient will surely die. His belief in this was so strong that he would not give her any more medicine, but he called in one of those so-called faith-cure women, who was allowed to exercise her mystic influence and passes over the sick girl in preference to the physician's medicine.

A reader of the *National Druggist*, who sends the above to that journal, vouches for the truth of the same.

The Suicide of Professor Kolomnine.

The *Semaine Médicale* gives some particulars of the accident which led to the suicide of Professor Kolomnine. The professor had decided to perform an operation for the removal of tubercle from the rectum of a female patient, and inquired of his colleague, M. Louschinsky, what dose of cocaine he might administer. The answer was that the

maximum was two grains. Upon consulting special treatises, however, M. Kolomnine found that thirty cases of anæsthesia were recorded in which the quantity given had varied between six and ninety-six grains. In a similar operation to that he proposed to perform, a French surgeon had given forty-eight grains. In consequence of these references it was decided to employ twenty-four grains, which were introduced into the rectum by instalments. About half an hour after the operation the first symptoms of poisoning appeared, and notwithstanding the administration of nitrite of amyl, hypodermatic injections of ether, oxygen and artificial respiration, etc., the patient succumbed.

Chinese Treatment of Cholera.

The Chinese have a rather radical cure for cholera. A Shanghai paper says that on July 22 a Chinaman employed on one of the steamers was taken ill, apparently with cholera. The following is the course which was adopted, according to the paper from which we quote: "His friends immediately sent for a native doctor. This individual had with him a box containing some long needles, and these he used on the patient. A needle was driven some distance into the man's head, near each temple, and again behind his ears. In each case bleeding followed. Needles were also driven into the lips, both sides of the chest, both sides of the stomach, and also into the pit of it. The doctor then scraped the skin of the man's throat till it looked like the neck of a turkey. This violent treatment had the desired effect, and in a few hours afterward the man was quite well, and eating his midday meal with evident relish."

Apothecaries and Prohibition.

In consequence of extreme measures adopted by a prominent citizen of Quincy, Mass., says the *N. Y. Med. Jour.*, several of the apothecaries of the place have decided not to sell spirituous liquors even when ordered in the form of a prescription by physicians. They will, it is said, remove all liquors from their shops, on the ground that they cannot sell what they have not in stock. A leading physician of the town characterizes this action on the part of the apothecaries as "wholly unnecessary," and maintains that, inasmuch as physicians are frequently obliged to order liquor for their patients, the apothecaries can sell it under those circumstances without fear of molestation or prosecution.

Adulteration in Paris.

In spite of the keen watchfulness of the authorities, adulteration is still extensively practiced in Paris. Out of 645 samples of wines examined in November last, 450 were declared injurious; out of 88 samples of beer, 5 were bad; and of 18 samples of spirits only one was condemned. More than half the samples of water were reported to be dangerous, and 80 out of 370 specimens of milk were placed in the same category. Out of 81 loaves of bread 30 were worthless, and out of 22 specimens of wall paper only 5 were good. Coffee was very little adulterated, and the butter was also reported to be fairly satisfactory.

Phonographic Jubilee.

An International Short-hand Congress is to be held in London this year. The chief objects of the congress are to celebrate at once the jubilee of phonography (Pitman's system) and the tercentenary of modern shorthand. Mr. T. A. Reed is the chairman of the Jubilee Executive Committee, and Mr. Gurney-Salter the chairman of the Tercentenary Executive Committee. It is interesting to observe that Dr. Timothy Bright, a London physician, printed his "Characterie: an art of short, swift, and secret writing by character," in the year 1588. And he may be regarded as the founder of the modern method of shorthand.

French Lunatic Asylums.

The supervision of French lunatic asylums appears, if recent accounts be true, to be exceedingly lax. It will be remembered that a short time ago a man was released from an asylum, having been forty years previously confined by his relatives in order to secure his wealth. The escape of another man is now reported, who, although sane, was confined for a year in an ill-lit room, bound hand and foot. Such treatment is strictly forbidden by law, and the matron and two keepers of the establishment have been fined, and the medical superintendent condemned to a fortnight's imprisonment. Such regrettable and scandalous incidents would be impossible if any control were exercised by the authorities.

New Foreign Medical Journals.

A new French weekly medical journal commences with the new year. Its object is to assert the importance of provincial medical science and to assist in the decentraliza-

tion of French medicine, which it is considered is concentrated too much at Paris. The title is *La Province Médicale*, and it is published at Lyons.

The appearance is announced in Vienna of two new medical journals—*Klinische Zeit und Streitfragen*, edited by Prof. Schnitzler; and a weekly entitled *Internationale klinische Rundschau*, edited by Drs. Bela Weiss and A. Schnitzler.

The Late Professor Post.

Dr. S. Haynes writes to the *Med. Record* that in the winter of 1852-53 he witnessed the reduction of a dislocation of the cervical vertebrae by Dr. A. C. Post. The man was placed on the operating-table, and by means of extension and counter-extension, with a little manipulation, the dislocation was readily reduced. He adds that Dr. Post was known as a staunch temperance advocate, and says that it was currently reported among the students at that time that he had voted against the granting of diplomas to fifty students at the previous session on account of their intemperance.

Females and Women.

Dr. Williamson protests, in the *Brit. Med. Jour.*, against the common employment of the word female when woman is meant, and calls the editor to task for publishing a paper on "Some Functional Disorders of Females." He regards that subject as one covering altogether too much ground to be discussed in a short paper, and thinks it would have been better if the writer had called his paper one on disorders of women. Seeing the title, he says he read the article, expecting to find it a study in comparative physiology.

College of Physicians.

At the annual meeting of the College of Physicians of Philadelphia, held January 5, 1886, the following officers were elected:

President—S. Weir Mitchell, M. D.

Vice-President—John H. Packard, M. D.

Censors—Drs. Lewis Rodman, William Goodell, Alfred Stillé, and Samuel Lewis.

Secretary—Isaac Norris, Jr., M. D.

Treasurer—Charles Stewart Wurtz, M. D.

Honorary Librarian—James H. Hutchinson, M. D.

Recorder—J. Ewing Mears, M. D.

The Wealth of Families.

The physician is paid well, or otherwise,

in accordance with the supply of money in the families among which he practices (says the *Med. Record*). There are about eleven million heads of families in this country. Estimating their incomes on the same basis as that of English tax returns, there are only about one hundred thousand families having annual incomes reaching \$2,000, and only about thirty-five thousand having an income equalling or exceeding \$5,000. Out of fifty-five millions of population, forty-five millions earn \$15 a week or less.

Foreign University Intelligence.

Bern.—Dr. Demme has been appointed Professor in Ordinary of Pharmacology and Children's Diseases.

Bologna.—This University will celebrate its seven hundredth anniversary in the spring.

Bonn.—Dr. Franz v. Leydig, Professor of Comparative Anatomy and Zoölogy, will retire in April.

Freiburg.—Dr. Baumgärtner, formerly Professor of Pathology and Director of the Medical Clinic, died at Baden-Baden on December 11.

Faith-Cures by Water.

St. Petersburg society has been somewhat interested in a medicinal water discovered by a Baron Vrevsky, and stated to effect marvellous cures. Owing to an official permission to continue the use of this water being necessary, the Medical Committee of St. Petersburg caused it to be analyzed; and the result of this analysis, according to the *Official Messenger*, is to show that this famous and universal remedy is absolutely identical with the water of the Neva.

Philadelphia County Medical Society.

At the annual meeting of the Philadelphia County Medical Society, held on January 5, 1887, the following officers were elected:

President—Dr. J. Solis Cohen.

Vice-Presidents—Drs. W. W. Keen and E. T. Bruen.

Secretary—S. Solis Cohen.

Treasurer—L. K. Baldwin.

Censors—Drs. Joseph Hearn and Do Forest Willard.

A Peculiar Method of Gynecological Examination.

The *Med. Record* is responsible for the statement that Omaha seems to have a gynecologist whose methods are decidedly unique.

He has a large, unwashed old dress of his wife's in his office, and all patients are directed to remove every article of clothing, and then to don this dress preparatory to ascending the table. While on the table, no effort to prevent exposure is made. All his patients are compelled to receive local treatment daily, and straight through the menstrual period as well.

Toys for Hospitals.

Seven years ago, the editor of *Truth* started an exhibition of toys, made by its readers, for distribution among the hospitals. At the last exhibition, over fifteen thousand toys were sent in for exhibition and distribution. The idea is a good one, and might well be carried out in this city, in connection with some of our charitable organizations. There is one hospital which treats or cares for children exclusively, besides other hospitals which have children's wards.

The Anatomical Institute, Vienna.

A magnificent building, which has been just completed at a cost of 460,000 fl., was opened early in October. The opening ceremony was performed by the Unterrichtsminister, Excellenz von Gautsch, assisted by the Professors of Anatomy Langer and Toldt, many other professors, and crowds of students. Notwithstanding the amount of work required for its completion, the whole has been successfully carried through in the short space of fifteen months.

Money for the Congress.

It is one of the important questions now how the funds are to be raised to help the Congress through. We would suggest to all who have the success of the Ninth International Medical Congress at heart, to at once send ten dollars for a ticket to Dr. John B. Hamilton, Washington, D. C., the secretary general, for the membership fee. This, if done now, will be a great help, and *all* should be willing to do this *now*, and save time and trouble, and also thereby uphold the hands of the executive committee.

Bacteriology in Barcelona.

The municipality of Barcelona has arranged to establish a laboratory of bacteriology, and to furnish it with the requisite appliances for all classes of investigations. It is to be under the well-known Dr. Ferran,

whose views were accepted much more generally in Barcelona than in Madrid. The measure was agreed to in the Town Council by a majority of twenty-five to three.

The Pasteur Institute.

The Paris Municipal Council have agreed to M. Pasteur's application for a 99 years' lease of 2,500 metres of ground adjoining the site already granted for his institute. The ground rent is fixed at four francs per metre.

Items.

—A child, aged five, died in Dublin recently from having swallowed a noggin of whisky administered by his father while intoxicated.

—The Swiss authorities will not allow a foreigner to practice even among his own countrymen in Switzerland without passing the State examination at Bern or Geneva; and this is by no means a matter of form.

—A new hospital for contagious diseases, having a capacity of four hundred and forty-eight beds, is about to be erected in Milan. In addition to the main building there are to be separate pavilions for small-pox, diphtheria, and typhus fever.

—The new Swiss alcohol law, conferring the monopoly of the production of alcohol on the State, contains a provision that no substances shall be used in distilleries which are not recognized as wholesome; from this category the potato is excluded.

—A correspondent writes to the *Medical Record* that he has used the ether-spray on several cases of strangulated hernia, one of two days' duration, with the best results. The operation was painless, and reduction occurred "spontaneously, or with slight pressure."

—A manufacturer of cheese in Prussia was endeavoring to improve his product, and, to this end, mixed the fresh cheese with about eight per cent. of mashed potatoes. The ripe cheese, however, looked suspicious; upon analysis the admixture was discovered, and the author of the new idea fined \$12.

—In a valuable article in the *Va. Med. Monthly* on *fistula in ano* and phthisis, Dr. Archer Atkinson protests against the prejudice some physicians have to closing fistulae in phthisical subjects. One drain, pulmonary, is sufficient, and he sees no reason for adding to the patient's depression by encouraging further loss.